	3	L	tem 22a, Film G632 10		E OF MARYLAND	GIENE O 4	
000		1-	STATE per med exam. REGISTRAR	MEDICAL EXAMINI			0 0 4-
666	386 SEP	28 PE	ASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN A	MONTH DAY YEAR 26 HOUR
	EET, SEET,		Yusuf		Abdul lah	DEATH MATED X	9 91987 M
	OUR FI OUR FI ON STR	3. SE	MO	ATE OF BIRTH NTH DAY YEAR LAST BIRTHDAY	II OI DEN E	MIN PRONOUNCED	O 15 27 10:58
	STONE ALDE	-	IALE NEGRO 7 RTHPLACE (STATE OR 76. C	222 17 40 YR		9. BALTIMORE CITY OR C	9 15 198/ a M
	HE FUNERAL GE 5 FOR YOUTHIN	FC	nila. Penna.	USA	MARRIED NEVER MARRIED		
	A SERVE		Y OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME,		00024 0002	WORK 12b KIND OF BUSINESS OR INDUSTRY
	Pog and	1	Elkton E	Big Elk Creek at De		Assembly Line	ChryslerCo
21201	AND 3	13a S		R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION WARE 136, CITY OR TOWN CHESTER	N) 13d. INSIDE CITY LIMITS? YES NO [30 STREET ADDRESS 2518 People	st. 99999
WD	1 2237/	ME	THER'S NAME		15. MOTHER'S MAIDEN	MIDDLE	LAST
ORE	DEA SW P	1160 \	JOSEPH D	* *************************************	NAON	MI BRADWAY	
BALTIMORE	IRS AFTER DE S. GIVE PAGE WITH FORM C. PAGES I AI DIVISION OF	100	S. NO, OR UNKNOWN) (IF YES, GIVE WAR OF	ORCES? 166 SOCIAL SECURITY 191 34 4	907 LORRAINE	EDWARDS 902B	oothSt.Chester
	24 HOURS ITEM 18. (LONG WI PERMIT. P GIENE, DI		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	ITHIN 24 HOU ICIL IN ITEM 18 NER ALONG I RANSIT PERMIT AL HYGIENE, I REMOVAL.	17	910 7 IMMEDIATE CA	USE (a) Drowning DUE TO, OR AS A CONSEQUENCE O	F		
PRES	WITHIN S NCIL IN I NINER AL RANSIT VIAL HYCOR REMOVE	K	Canditions, if any, which gave rise to immediate	(b)			
30	> M S F Z G		couse (a) stoting the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEQUENCE O	F		
\$,204	NO A PLANT			(c)			
080	ENA BOOK	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	DUTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PART	T (a).	
DIVISION OF VITAL RECORDS	THIS CERTIFICATE SHOULD BE EXECUTED, WRITING THE WORD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXAPAGE 3 SHOULD BE USED AS A BURBALTATE DEPARTMENT OF HEALTH AND MES 21201 PRIOR TO BURBAL, CREMATION, CALLING TO BURBAL, CALLING TO BURBAL, CREMATION, CALLING TO BURBAL, CALL	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
IAT/	WORD "PE WORD "PE AE CHIEF A BE USED A BURIAL, O BURIAL, O	TIFIC					YES XX NO [
OF	THE WOULD BY THE WENT THE WENT THE WOULD BY	Ü	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		LENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
NOIS	CERTIFICATE WED TO THE WOED TO	MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 9 9 19 98	Subject drown	ned while swimmi	ng
DIVIS	RETTIN REDED REDED SE 3 S	ME	WHILE NOT WHILE 187	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
			AT WORK	creek	Big Elk Creek	Elkton	Cecil MD.
	EXAMINER: CERTIFICATE ULD BE FOR I, WITH THE S MARYLAND,	1	death resulted from: Natural cou	ne remains described above, held on uses , Accident , Suic	Autapsy X, Inspection	Undetermined manner	my opinion
	XAM EERTII BID B WITH ARM		A	Accident E 1, 3010	TITLE (SPECIFY)	Orderermined manner [A].	
	HE HOUNTH		ACTUAL SIGNATURE	1XX	M Deputy Chie	EMEDICAL EXAMINER	DATE 9/16/87
	UNE 14 S	1	EXAMINER'S NAME Ann M	Dixon, M.D.	111	Donn Ct	Dalta MD
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH WITH THE BALTIMORE, MARMAI	23a B	IRIAL CREMATION REMOVAL 236 DA		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Penn St.	Balto.MD.
196/69	(BP)	(BURIAL 9/		wn Cemetery	23d LOCATION CITY OF TO Chester 1	Twsp Del.Pa.
1 28W /	DHMH - 17	24 F	AMO and funeral.	Hornors Rising S	M J 250. DATE RE	C'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
	(VR A15 ME (5))		Richard X	Rosdie	SEP 2	3 1987 Julia De	ndern-Kradalle

FOR 2 & 287 Julia transcor & Law

(VRA 15. 4)

STATE OF MARYLAND

3	1 000		FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HAGI ICATE OF DEATH	IENÉ 2	6 5	5 5	
J 4 U		LIYP	CELLED NAME	rirst ugene		Mighel,		Basara	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
by be		1	Eug	ene	m	Chel	BA	SARA		9/6/	87	D8:30
mo).		3. SE			RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
ge 4 ector			Male		Caucas	ian	Aug		60	YRS	INS. DAYS	HOURS MIN.
Pour Pour	E) E	7a B	RTHPLACE (STATE ORF	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
eoth.	1		nnsylvania		U.S.	Α.	WIDOWE		C.	ecil		MD.
s ofter d by the fu iled with	John John John John John John John John	10 C	EIKTOR	TH 1	(IF NOT IN SUC	HEACILITY, GIVE STREET A	G HOME C	cil County	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOREMAN LI	quid	126. KIND OF INDUSTRY	BUSINESS OR
States in sould be	46	130.	AL RESIDENCE (IF NURSI STATE Laware	JOB COUNT		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Claymont		13d INSIDE CITY LIMITS? YES X NO	Nitrogen P 13e.STREET ADDRESS / 733 Elmtre	ZIP CODE	9	19999
1 10	100	19	THER'S NAME		IDDLE	t AST		15 MOTHER'S MAIDEN NAM	WIDDIE WIDDIE		LAST	
.0	AUO	K	asper	701	butt	Basara		Julia	WIDDLE		hapka	
X	130	160	VAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	6.0		nt, De.
6 60	1		Yes	WW	WAR OR DATES)	196 18 9	181	Julia Basara	733 Elmtree		197	
He h	10		18 CAUSE OF DEATH	Enter only	one couse per	line for to t, the ond	lici.1	· · · · · · · · · · · · · · · · · · ·				ATE INTERVAL
phy mod	2		PART I. DEATH W.	AS CAUSED IMMEDIATE	BY:	an	A	MT		20.18	5%	2/2
h certification	ofic					R AS A CONSEQUE	NCE OF	0		7 1 7	1	777
deor	fion, oum	3	Conditions, if ony,		(ib)_	, , , , , , , , , , , , , , , , , , , ,	/	4841			/110	
that the	of, cremo		gove rise to imm couse (o), stating underlying couse	g the	DUE TO, O	R AS A CONSEQUE	NCE OF				1	
requires an signed Then pl	injury, o	NOI	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	OITION GIVEN	IN PART 110	
on. hos bei	ene prio	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES		
CIAN Deposite	# # Q		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
offered of the ter the control of the but of	rked or I	MEDICAL	214 INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC)	21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
spitol or CTOR: Af	of Healt		220.1 certify that (1) sow the decease obove, (1) (went)				9/6	nd that in (my) (our) opinion d	, to, to	te and hour or	the d from the co	ot (I) (Ne) lost
y the ho RAL DIRE	AT: # Hen		22b. SIGNATUR	to K	Lucy	4	40	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		9/6/	W7
HOSPI Bined b	PORTANT		22d. PHYSICIAN	2 \$7	PUR I-	W'S	40	22e ADDRESS EAL	eran M	1 919	2/	
FILL	201		BURIAL, CREMATION, P	REMOVAL	236. DATE	23€ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
GBP/G	14		Burial	0	9/9/8	Gle Gle	nwood	Memorial Gar		il, Del	aware	Pa.
DHMH - 16 6		24 F	Hicks Hom	e for	Funera	115, ADDRESS	E	Ikton, Md SF	REC'D. BY REGISTRAR	1.0 5	S SIGNATU	andass.

requires that the deoth certificate be executed within 24 hours after death. Page 4 may

to	00	0	0	0	000	00		FOR STATE REGIS
b	b	9	3	g	SEP	28	TYPE	CE ASED

campletely filled in by the funeral directar

Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remave carbon papers found the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or offending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-			3
200	NIA			- 5

	REGISTRAR					ICATE OF DEATH	REG.	VO.	15	
	CEASED NAME	FIRST		MIOOLE	l.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
3. SE		RICHAF	RD	C.	BC S. DATE C	ORDEN Jr	Septembe		1987	10:30 IF UNDER 24 HRS
	Male	W	hite		MONTH	n. 75 1928	59	YRS	MONTHS DAYS	HOURS MIN.
le 8 P	RTHPLACE (STATE OR COUNTRY) erryvill	e. Md.		WHAT COUNTRY?	8 MARRIEI WIDOWE	DENEVER MARRIED DIVORCED	9. BALTIMORE CITY Cecil	4 11 10	TY OF DEATH	WI
	erry Point		I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET dical Cer	AOORESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING	LIFE) IZB. KIND (INDUSTRY GO	of Business or
	AL RESIDENCE (# NUR STATE Md .	136 COUNTY.				134. INSIDE CITY LIMITS?	130-STREET APPRES	onia	l Circ	le 2191
14. F/	ATHER'S NAME FIRST Ric	hard "C	. Boı	rden "Sr		15 MOTHER'S MAIDEN NA FIRST Katl	nleen Hoi			st
	WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes	R IN U.S. ARMED I# YES, GIVE WA		220-18-7		Glenna Bor	den P.O. Charl		wn. Md	. 21914
	Conditions, if any gave rise to im cause (a), stati underlying caus	ing the lost.	(b) DUE TO, OI	R AS A CONSEQU	OSIS ENCE OF	of the liver	Abbat Distant on co	AIDITION C	WENT AND AND IN	
FICATION	gave rise to im cause (a), stati underlying caus	mediote ing the e lost. GNIFICANT CON	(b) DUE TO, OI (c) NDITIONS CO	Cirrh R AS A CONSEQUE ONTRIBUTING TO	OSIS ENCE OF DEATH BUT	of the liver	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED S OF DEATH?
CERTIFICAT	gove rise to im couse (a), stati underlying couse PART 2 OTHER SIG	mediate ing the e lost. SNIFICANT CON ATION ADERLYING CAUSE OF DEATH	(b)	Cirrh R AS A CONSEQUI DITION FOR WHICH DE INJURY M. MONTH D	NOSÍS ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIG	ATION ATION ADDERLYING CAUSE OF DEATH OCAL EXAMINER) RRED WHILE METALLY AND ATION ATION	DUE TO, OI (c) 19b. CONDI 21b. TIME O HOUR A. P. 21c. PLACE (Cirrh R AS A CONSEQUI DITION FOR WHICH OF INJURY M. MONTH D M.	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF Y IN CERT	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEATH?
CERTIFICAT	PART 2 OTHER SIG	ATION ATION ADERLYING CAUSE OF DEATH DICAL EXAMINER? RRED ORK (this hospital)	DUE TO, OI (c) 19b, CONDI 21b, TIME O HOUR A. P. 21e, PLACE (LAT HOME, STR	Cirrh R AS A CONSEQUI DITION FOR WHICH DE INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	DEATH BUT H OPERATIO AY YEAR 19 FARM.ETC) Septe	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR 10 Septemb	20b. IF Y IN CERT	COUNTY	NGS USED S OF DEATH? NO STATE
CERTIFICAT	PART 2 OTHER SIG	THE CONTRIBUTION OF THE CO	DUE TO, OI (c) 19b, CONDI 21b, TIME O HOUR A. P. 21e, PLACE (LAT HOME, STR	Cirrh R AS A CONSEQUI DITION FOR WHICH DE INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	DEATH BUT I OPERATIO AY YEAR 19 FARM, ETC) Septe	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET 218 87	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR , to Septemb death accurred on the	1206. IF Y IN CERT IN	COUNTY 19 87 Source of the state of the sta	NGS USED S OF DEATH? NO STATE
CERTIFICAT	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MEE 21d. INJURY OCCUR WHILE WHILE AT WORK 22b. SIGNATURE 22d. PHYSICIAN'S N	ATION DERLYING CAUSE OF DEATH CORR CRED WHILE CORR (this haspital)	DUE TO, OI (c) 196. CONDI 216. TIME O HOUR A P.I. 216. PLACE STE ottended the	Cirrh R AS A CONSEQUI DITION FOR WHICH DE INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT I OPERATIO AY YEAR 19 FARM, ETC) Septe	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET 211 LOCATION STREET 211 LOCATION DEGREE ATTENDING	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR death accurred on the MEDICAL ST DIRECTOR PHYS	1206. IF Y IN CERT IN	COUNTY 19 87 22c. DATE 29-2	NGS USED SOF DEATH? NO STATE STATE COUSES STOTED 21-87

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

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SEP 25 1887 JA Triangland

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FOR
STATE

STATE OF MARY DEPARTMENT OF HEALTH AN CERTIFICATE OF

LAND MENTAL HYG	IENE 26	3 3
DEATH	REG. NO.	3
	24. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	SEPTEMBER 7, 19	
VEAD	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
1939	47 YRS.	
MARRIED X	9. BALTIMORE CITY OR COUNTY	OF DEATH
DIVORCED	Cecil	MD.
ISTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	TYPE OF WORK FOR MOST OF WORKING LIF	INDUSTRY USAE
	Airman	1 STATE OF THE
CITY LIMITS?	13e. STREET ADDRESS 1613 - 13th Str	eet N. W. 199
R'S MAIDEN NA	MÉ	
ide Bank	MIDDLE	LAST
MANT TUAN	ADDRESS	
	2017 Olivo Ave N	W Pospoles Va
e grown,	2813 Olive Ave. N	
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ED TO THE TERM	RY DISEASE INAL DISEASE OR CONDITION GIVED THE NEW YORK OF TH	EN IN PART 1(a)
FORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
	4/	FYING CAUSES OF DEATH?
IN IURY OCCUP	YES NOW YE	
	TEMERAGIONE OF INJUNE IN HEM 10	
TION	CITY OR TOWN	COUNTY STATE
19 75	to SEPTEMBER 7	19_87, thaX() (we) last
	death occurred an the date and have	
		22c. DATE SIGNED
ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-7-87
ESS	7	
	CENTER, PERRY PO	DINT, MD.
	234 LOCATION	

Triangle, Prince William, Va.

Julia Dividson Randales

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REGISTRAR 065665 SEP 15 ECEASED NAME LAMONT A BROWN 4. RACE 5. DATE OF BIRTH 3. SEX Black Sept. 18. Male . BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED A NEVER Dist. of Columbia United States WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PERRY POINT, MD VA MEDICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE D.C. Washington YES (15. MOTHE 4 FATHER'S NAME FIRST MIDDLE LAST Harry M. Brown Mat 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORA (IF YES, GIVE WAR OR DATES) 579-50-4494 Yes Maude 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CHRONIC OBSTRUCTIVE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT CERTIFICATION NON INSULIN DEPENDENT DIABETES MELLITUS 196. CONDITION FOR WHICH OPERATION WAS PER 90 DATE OF OPERATION 21b. TIME OF INJURY 21c. HOW 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCA 214 INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that this haspital) attended the deceased from saw the deceased alive an SEPTEMBER and that in X abaye type) (did) (dytynyt) view the body attendenth DEGREE 22b. SIGNATUR 22e ADDR VA GLENDON RAYSON, M.D. 23c NAME OF CEMETERY O 23a BURIAL, CREMATION, REMOVAL

Quantico Natl.

Cem.

9/9/87

McGuire Funeral Home 7400 Georgia Av. Wash. Dd

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M (VRA 15, 4)

In the case of the second and second and nained thousand the state of th restances and a compression of the area and a constant and a const

DEPARTMENT OF HEALTH AND MENT APHYGIENE - STATE GERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE OF DEATH 0 6 5 6 6 M & SEP THOMAS COFFEE JR. S DATE OF BIRTH 1. SEX 4 RACE October 10 1935 Male Black BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States Cecil Maryland WIDOWED A CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Perry Point, Md. VA Medical Center Laborer USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Wash. D.C 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Hattie Wright Thomas Coffee Sr IAL SOCIAL SECURITY NO 17 INFORMANT 215-30-9601 RATE I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.I certify that (X(this haspital) attended the deceased from September 7, 19 87, to September 9, 19 87 DEGREE 27b. SIGNATURE ATTENDING MEDICAL PHYSICIAN | 22e ADDRESS AVELINA HERNANDEZ, M.D.

23b. DATE

McGuire Funeral Home, Washington,

9/14/87

FOR

230 BURIAL CREMATION, REMOVAL

Buria1

DHMH - 16:50M 1/81

(VRA 15, 4)

24 FUNERAL DIRECTOR

STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

Ouantico National

REG. NO MONTH 25. HOUR September 9, 1987 A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HR 9. BALTIMORE CITY OR COUNTY OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY s Government 3215 Adams Mill Rd MIDDLE |Martha Collison 3215 Adams Mill Rd. NW D.C. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX COUNTY CITY OF TOWN STATE 22c. DATE SIGNED 9-9-87 DIRECTOR PHYSICIAN VA Medical Center, Perry Point, Md. STATE CITY OR TOWN Triangle Virginia 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Dividson Randala

	1						MARYLAND		_		
066516 SEP 2	7 1	FOR ATE EGISTRAR			DEPARTMENT OF			OF DEATH	2 6	0 3	1
100310 34 2	1. DE	CEASED NAME	FIRST	74121	MIDDLE	VEK 3	LAST		REG, NO.	MONTH (DAY YEAR 75 HOUR
V % % % % £	- {TY	E OR PRINT)	ohn			(nyle	OF DEA	ESTI-	9	18.87
PLEASE CTORSE FILES. STREET,	3. SE	4. RAC	E 5. C	DATE OF BIRTH	6 AGE (IN)	EARS IF UI		R 24 HRS. 2c. DA	ATE		DAY YEAR 2d HOUR
PLEASE DIRECTOR. PLEASE DIRECTOR. STREET, STRE	1	Tale WI	rite A	pr. 15		PAY) MONT	HS DAYS HOURS	MIN. PRONC	OUNCED AD	9	18 1087 1:251
A SERVICE STATES	7a. B	RTHPLACE (STATE OR EIGH COUNTRY)			A A	8. MARR	IED NEVER MAR	RIED X 9. BALT	IMORE CITY OF	COUNTY	OF DEATH
ANTERIO DE		TY OR TOWN OF DEA		U.S.		WIDOV			Ceci	(0	KIND OF AUSINESS
THE THE	10 0	FILL	11.	(IF NOT IN SUCH FAC	PITAL, NURSING HOA CILITY GIVE STREET ADDRESS	LE, OR OTH	+	FOR MOST OF	CUPATION (TYPE (OR INDUSTRY
DO SHOW	. USU.	AL RESIDENCE IN NU	RSING HOME OR OTH	HER INSTITUTION, GIV	E RESIDENCE SEFORE ADMIS	SIÓNI			er-Own	er &	Operator
S 15 15 15	130. 5	Md.	136 COUNTY	cil	13c. CINOR TOWN	n	13d INSIDE CITY LIMITS?	13e STREET ADI	Bridge	Stre	eet 6/
9 7 7	14. F.	ATHER'S NAME	AAII	AD IF	LAST _		TE MACTHER'S MANIE	DENINIAME			LAST
13 x 2 2 2 0		Patrick		POLE	Coyle			ah Wort	hingto	n	
TIME PARE PARE L	160.	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMED		16b. SOCIAL SECURI	TY NO.	Mary A.	Biddle	ADDRESS 218 Ch	hes.	City, Md.
BALTII RIS AFT WITH F WITH F DIVISIC	-	yes	WW 2	2	213-01-	8043	raly A.	Diddie	-40 011		
E SELEN		18 CAUSE OF DEAT PART I DEATH W	AS CAUSED BY:		1 (o), (b), and (c).)	do	otic h	ext d	2642		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AL RECORDS, 201 VILLO BE EXECUTED "PEDDING" IN PE FE MEDICAL EXAM SED AS A BURIAL - HEALTH AND MEI AL, CREMATION, C	z	PART 2 OTNER SIGNIFICAN	CONDITIONS CONTI	RIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN I	PART 1 (a)			
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NA SHE TE TO SEA SHE				X	1.1.1	0	2 11	1,	1 0	4	
TO MEDICAL E. EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH. BALTIMORE, M.		(TYPE OR PRINT)	Wan C	Jona	zarez-Vita	Ly M	ADDRESS MIO	4 Hospin	2(5)	Liton	my 2199
	23a.B	URIAL, CREMATION, R	EMOVAL 236	-122-87	Z3c. NAME OF CI	METERY C	nception	131 LOCATION	on	Cec:	il Md.
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066516 SEP 23 87 Male White part is unit 12 CX 8 F cotacy has ELKTON 1113 Bender Street . The Alle of of legal entities to a line and more and a place of the land note in outer transfer to the second of the second second to encode he sithing. The Etos Voesis. Athenante of a heart discussed Thort Thorn Se Son C. Consulte Visa IM Line Jointh Epot Mil 2901

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours

etoined by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE REGISTRAR 09 SEP 29 87

deoth. Poge 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE CERTIFICATE OF DEATH

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	CEASEDNAME										
(ITPE	OR PRINT)	FIRST	MI	DDLE	1A	St		20. DATE OF DEAT	H MONTH	OAY YEAR	2b HOUR
		ALVIN	N			DAVIES		Septemb	er 24,	1987	6:55a
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	ITY OR TOWN OF		NAME OF HO	OSPITAL, NURSIN	G HOME O			12a USUAL OCCU	ATION		OF BUSINESS
D	erry Poir	at Ma		FACILITY, GIVE STREET A				Retired	ST OF WORKING		rmv
USU	AL RESIDENCE (IFN							Retired		1 61	LIII y
13a. S	STATE	US COUNTY	1	13c. CITY OR TOWI	N 1	134. INSIDE CITY		13e. STREET ADDRE		1 21070	2
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17. 17	FIRST	MIDI	Dif	LAST		13. MOTHER 5 M		MIDDI	E	LA	st
	Jacob	Esa		Davies		Jenn	ie			Edward	ds
	WAS DECEASED EV			166. SOCIAL SECU		17. INFORMANT		AC	DRESS		
	YES NO OR UNKNOWN)	WW I		205-07-3	713	Doris C	omer	same as	above	2	
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FICATION	PART 2. OTHER S	IGNIFICANT COM		NTRIBUTING TO D	DEATH BUT I			NAL DISEASE OR C	20h. IF Y	YES, WERE FINDI	NGS USED S OF DEATH?
RTIFICATION	19a DATE OF OPE	IGNIFICANT COM	19b. CONDIT	ION FOR WHICH	DEATH BUT I	I WAS PERFORM	NED	20a AUTOPSY?	20h. IF Y	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED
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0	IMPORTANT: If them 21 is morked at them, 18 shows any injury, or other troumotic event, the medical by comine most
and completely filled in the time district angle 3 ages 10nd 2 should be filled and many officers of the contract of the contr	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the times should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be titled with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.
executed within 24 hours ofter desuit. Foots and the	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deuth retained by the hospital or oftending physician.
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ORE, MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

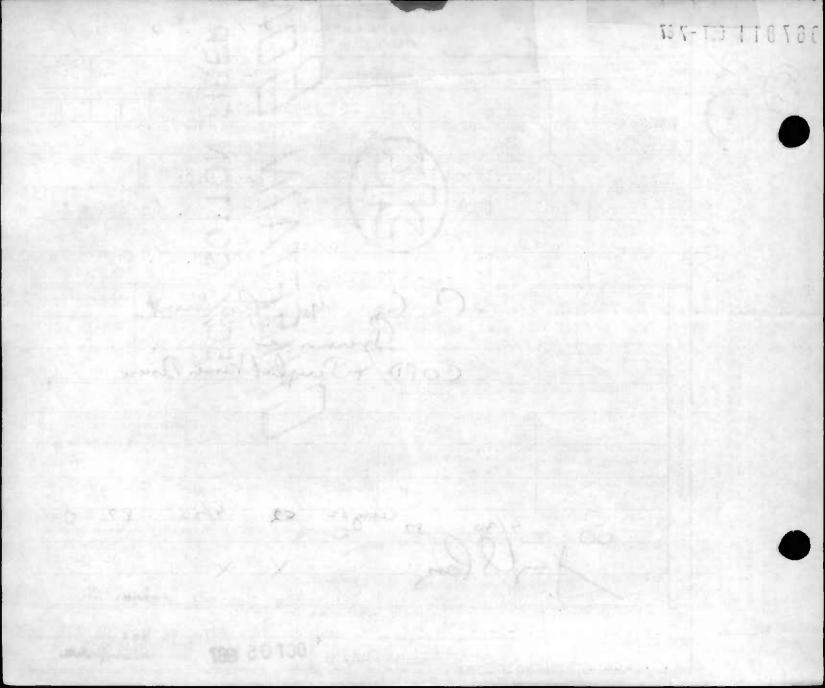
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	6	3	5	-
NO			J.8	4

1	* REGISTRAR		CERTIFICATE OF DEA	4111	REG. NO.	
ı	1 DECEASED NAME FIRST	MIDDLE	LAST	-		DAY YEAR 26 HOUR
1	Floren	ce Alta	DeMuth		9-30-87	3:35pm
	3. SEX	4 RACE	5. DATE OF BIRTH			IF UNDER 1 YEAR IF UNDER 24 HRS
	female	white	12th 27	1'972	74 YRS "	MONTHS, DAYS HOURS MIN.
gi)	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9. BALTIMORE CITY OR COUNTY	OF DEATH
V	Maryland	USA	MARRIED NEVER MAI	RCED	Cecil	MD.
	10 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITU	the same of	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
λ	Elkton	Laurel wood	Nursing Home		Housewife	INDUSTRY '
	USUAL RESIDENCE (IF NURSING HOME OR 13d STATE 13b COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSIONI			21915
5	Maryland Cec	il Chesar	eake YES N	LIMITS?	136 STREET ADDRESS / ZIP CODE 232 N. St. Au	gustine Rd
100	14 FATHER'S NAME		15. MOTHER'S M			840 02110 114
	FIRST	MIDDLE LAST	TP 7 o 20		MIDDLE	Wilson
	Robert () MII	11ikin MED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT		232ADARESS St.	Augustine Rd
		/E WAR OR DATES)			MuthChesapeake	
1	no		3-8077Willia	m Der	du thonesapeake	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		ond ic.		A-6. +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	ander !	eyen	day ones	
		DUE TO, OR AS A CONSE	OUENCE OF			
	Conditions, if ony, which gove rise to immediate	(b)	Ineun	~		
	couse (a), stoting the	DUE TO, OR AS A CONSE	OUENCE OF D	1	16.00	
	underlying couse last.	(c)	OVY TJ	upl	ut rasauch / dre	epl
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITION GIVE	EN IN PART 1 o
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Tun constraints			Lan AUTORGYA Inni is vec	AMERICAN PROPERTY.
)	DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFORM	ED		, WERE FINDINGS USED YING CAUSES OF DEATH?
	R I		1		YES NO YES	
			DAY YEAR	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M.	19			
i	OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF INJURY	ICE, FARM, ETC.) 21f LOCATION STREET		CITY OF TOWN	COUNTY STATE
	WHILE AT WORK AT WORK				- /	
9	22a.1 certify the (1) this hospi	6.10-	om lug 22	19	, to 4/30	19 2, that ((we) lost
	sow the deceo of olive on obove, (1)	t) view the body after depth.)	9, and the Mormy (or	r) opinion o	leath accurred on the date and hour	and from the causes stated
	22b. SIGNATURE	100	DEGREE			22c. DATE SIGNED
	1	and X Kou	ATTI PHY	SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-30-87
7	22d PHYSICIAN'S N		22e ADDRESS			
	Joseph 0	. Lanzi	721 I	Bridg	e Street, Elkt	ton, MD
	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CRE	MATORY	23d. LOCATION	
	Burial	10-3-87	Gracelawn Men	n Pk	Wilmington I	New Castle DE
	24 FUNERAL BIRECTOR			250 PATE	REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
	R.T. Foard Fu	neral Homo	ising Sun, MD	001	00 198/ June 1860	ndoon-handell
	TO THE PURE TO THE	TELET FORCE				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



TO HOSPITAL

BP

STATE OF MARYLAND

65348 SE	11	FF TE REGISTRAR		DEPARTM		EALTH AND MENTAPHYG	REG. NO) 3.	0 0	
		CEASED NAME FIRS	72	MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
e 4 moy be ctor, page 3 softer death	(ITP)	WII	LLIAM		FLYNN		SEPTEMBER	4, 198	7	1:50A M
moy Pog	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY} IF	UNDER I YEAR	IF UNDER 24 HRS
Page 4 r director,		Male	Cauca	sian	Augu	st 20 1911	76	YRS.	INTHS DATS	HOURS MIN.
ter death. Page he funeral direct within 72 hours.		RTHPLACE (STATE OR FOREIG COUNTRY) est Virginia		S.A.	8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O Cecil C		F DEATH	MD.
by the for within	P	ERRY POINT	VA MEI	ICAL CENT	ER	OR OTHER INSTITUTION	12a. USUAL OCCUPATH (TYPE OF WORK FOR MOST O U.S. Navy		INDUSTRY	Forces
22 hou	13a M	aryland	Cecil	13c. CITY OR TOWN Elkton	ADMISSION)	YES NO	13e STREET ADDRESS 223 Locust	Lane	21921	
2012		ATHER'S NAME FIRST Giles	MIDDLE	Flynn		15. MOTHER'S MAIDEN NAI FIRST LUCY	MIDDLE		Davis	
161		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) Yes Yes	S. ARMED FORCES? VES. GIVE WAR OR DATES! TI Korear			17 INFORMANT Elizabeth R.	Flynn, 223			
that the death certificated by the attending physical leave remain collusing and arranged or other trainmatic events, it		18. CAUSE OF DEATH (En PART I. DEATH WAS C IMM Conditions, if any, whi gave rise to immedia couse (a), stating t underlying couse lo	DUE TO, (b)_ te he DUE TO, (c)		LMONA NCE OF	RY ARREST			BETWEEN	mate interval Inset and death
signe hen p to bur	NO	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 11	,
hos bee t permit.	CERTIFICATION	19a DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X		WERE FINDING CAUSES	
A de de de la		21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART ?)	
PHY trendii tr this the bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTEN TOR: for us of He		220.1 certify that (I) (this saw the deceased all abave, \$\frac{1}{2}\) (we) (did)	ve on SEPTEM	BER 4 19		EMBER 28 19 86 and that in (TV) (our) opinion				
TAL OR A y the host RAL DIREC detached tote Dept.		22b. SIGNATURE	D Talan)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN 🛣	22c DATE	SIGNED 4-87
HOSPITA PINERA FUNERA Sould be de th the Stot		JEAN R. BA		D.		VA MEDICAL C	ENTER, PERR	Y POIN	r, MD.	

(SPECKS) DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

23s. BURIAL, CREMATION, REMOVAL Sept.

23: NAME OF CEMETERY OR CREMATORY 8,1987 Brookview Cemetery

23d LOCATION CITY OF TOWN Rising Sun

STATE Cecil Md.

Hicks Funeral Home, Elkton, Md.

SEP 1 1987 Julia Dender Radia

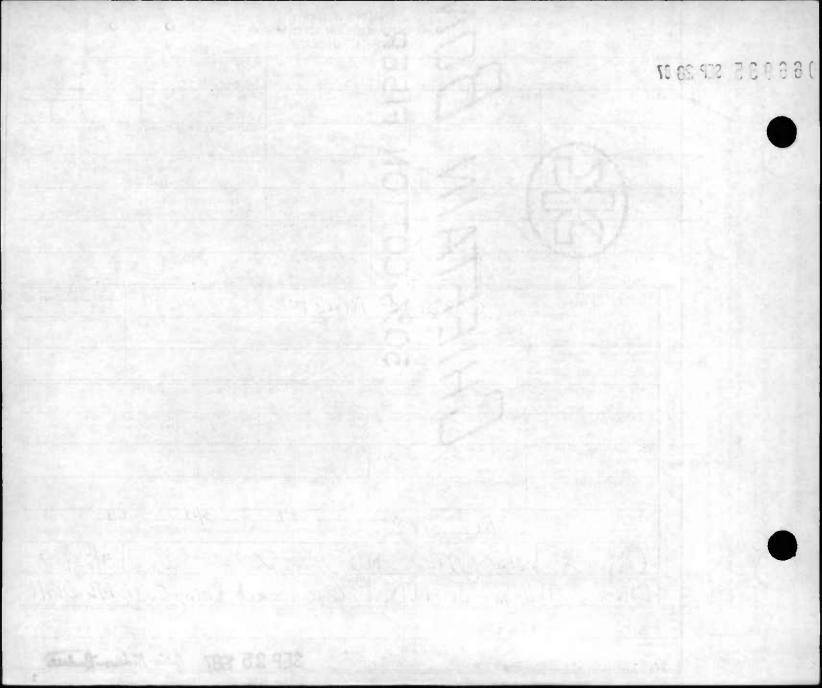
SEP 1 0 1957

50501
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or after troumotic event, the medical symmetry in the notified glocks.
with the Stote Dept. of Health and Mental Hygiene prior ta buriol, cremotion, or removal.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and formitten the funeral dishould be detached for use as the burial-tronsit permit. Then please remove corban popers. Page 1 uses the burial-tronsit permit. Then please remove corban popers. Page 1 uses the burial article with pr72 has
retained by the hospital ar attending physician.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pr
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC	GIENE REG.	0 3 0	Population
6 6 9 3 5 SEP 28		CEASED NAME FIRST		MIDDLE	TEJ	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
oy bog or redeot	3 SE:	Edga	r M	Minshall	5. DATE C	Fulton	Sept 2	2 1987 BIRTHDAY) 1 IF UNDER	A I YEAR IF UNDER 24 HRS
4 9,9			1000	The same	ITHOM	DAY YEAR		MONTHS	DATS HOURS MIN.
Pogo dire	7a BI	male RTHPLACE (STATE OR FOREIGN	whi	. t.e F WHAT COUNTRY?	8	16 04	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
4 75 74	(COUNTRY)			MARRIE	D NEVER MARRIED			
de the de		aryland	11. NAME OF	USA FHOSPITAL NURSIN	WIDOWE NG HOME (DROTHER INSTITUTION	Cecil 120 USUAL OCCUPA	TION 12b F	ME (IND OF BUSINESS OR
offer of the	~		(IF NOT IN SI	UCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOS	OF WORKING LIFE) INDU	JSTRY
ed within 24 hours completely falled in by and before the file		nowingo AL RESIDENCE (IF NURSING HOM	361	Ragan Ro			Farmer/	trucker	
of Page 4	130. 9	STATE 13b. CO	YTAUC	13c. CITY OR TOW	/N	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	
E 20			ecil	Conowin	ngo	YES NO		an Road	21918
1 150/10/2		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE		LAST
5 (10)0			inshall	Fulton		Annie			Keen
00 74 3		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	361 Ragai	n Road
core be execut ysscrat all to opers. Page wal.		no		714-18	-2961	Earle Gill	bert. Jr.	Conowing	o. MD.
person		18 CAUSE OF DEATH (Ente	only one couse p	er line for (a), (b), or	nd Ich	A 1		BE	APPROXIMATE INTERVAL
		PART I. DEATH WAS CA	USED BY		AC	Arrest			
rba rrba		IWWEI			1-51				
es that the death certifined by the ottending phylose remove corbang uriol, cremotion, or remover, or ather troumotic even		Conditions if any subjet		OR AS A CONSEQU	ENCE OF				
ne deat		Conditions, if ony, which gave rise to immediate)		11.5				
y th y th cren ther		couse (a), stating the underlying couse last.	DUE TO,	or as a consequ	ENCE OF				
s the			(c)_						
	z	PART 2 OTHER SIGNIFICAT	11 CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NOTION GIVEN IN P	ARI IIO
NG PHYSICIAN: The low requir ottending physicion. After this certificate hos been sig as the buriol-triosit permit. Then th and Mental Hygiene prior tab arked or tem 18 shows any injury arked or tem 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE	FINDINGS USED AUSES OF DEATH?
The The stripe of the house shows	Ë	District Control (19)					YES NO	YES [NO 🗌
ronsid Hygin	E	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I ORP	ART 2)
HYSICIA ding ph is certif burial-s Mental	AL	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19				
HYS of the or the	MEDICAL	21d INJURY OCCURRED		E OF INJURY		21f LOCATION STREET	CITY OR	rown cou	INTY STATE
G PH Otteno	Z	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFICE,	FARM, ETC)	SIRCEI			
DIN att		220 I certify that (I) (this he	ospital) ottended	he deceased from	2/13	1087	to 5/1	1 195	that (I) (we) las
TEN TO OR THE THE		sow the deceased alive	on 51	14 195	37.	nd that in (my) (aur) opinion	death occurred on the	date and hour and fire	
AT AT SECT END OF SECT OF SECTION SECT		obove, (1) (we) (did) (did	not view the bod	dy ofter death.		DEGREE		122,	DATE SIGNED
OR A he hos DiREcted ached		() X	Jan har	VM) h	ATTENDING	MEDICAL ST	AFF	9/22/87
DY T Gentler		22d_PHYSICIAN'S NAME (1)	Meson	1000	- 1	PHYSICIAN [DIRECTOR PHYS	ICIAN	100101
HOSP Ined b		(): 5-		TIN	17	9 ALLOS	L. + Di.	- SUN/ 1	MD 219/1
TO HOSPITAL (cetained by the TO FUNERAL Is should be deto with the Store LIMPORTANT; if		Uliver J.	Threshe	N 71.	1. D.	1 queen of	treet, Risir	y our /	17, WIII
5 5 5 5 5	23a. E	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	236 LOCATION	COUNT	Y STATE
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DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR		Ris	ing S	JUII .	TE REC'D. BY REGISTRA	R 256. REGISTRAR'S SI	IGNATURE
(VRA 15 4)	R	.T. Foard H	inenal	TI - M	arvi		2.5 1097	Julia Revides	Parlace



06	5 4	12	SEP	i B	FOR ATE GISTRAR		M		TMENT OF	HEALTH	MARYLAND HAND MENTAL I		2 6) U	6	die .	
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		THE FUNERAL DIRECTOR. PACE 5 FOR YOUR FILES.	8/1	17 15			(IF NOT IN SUC)	H FACILITY, GIVE	STREET ADDRESS)				T OF WORKING L		WORK 112	OR INDU	JSTRY
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	W	1	12	1	THER'S NAME	^	MIDDLE		LAST		15. MOTHER'S MAID		MIDDLE			LAST	
	1	AGE W		2	JOSE	GONZ	ALEZ		RUZ		Vicent	ta		202565	P	Belve	lez
	BALTIM	FOR PA	Sion	16a, V	/AS DECEASED EVER	(IF YES, GIVE V			CIAL SECURIT		17 INFORMANT		884	"胜门	Ltop	Dri	ve
	BAL	GIVE PA	ISI		no			117	9-48-3	3758	Sarita F	Roman	Mt.	Joy,	, PA		
		2003 ₹	E, D		18 CAUSE OF DEAT PART I DEATH W	H (Enter onl	y one cause per l	line far (a), (l	b), and (c).)				7 66			APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
	N S	ALONG	IENE,	84	TANTOCATION		E CAUSE (a)	Di	rowning						70		
	STC	AAL	MENTAL HYGIEI N, OR REMOVA	14			DUE TO,	OR AS A CO	NSEQUENCE	OF					157		
	8.	IN PENCIL I	NE NE		Canditians, if gave rise to		(b)					67,111					
	3	A PEN	N N	. 3	cause (a) stating lying cause last.		DUE TO,	OR AS A CO	NSEQUENCE	OF							
	. 20	P. K.	200				(c)										
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	PENDING" MEDICAL	S SHOOTHE USER AS A BOWNEL TRANSIT DEPARTMENT OF HEALTH AND MENTAL HYO I PRÍOR TO BURIAL, CREMATION, OR REMO	Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO DEA	ATN BUT NOT REI	LATED TO THE TERM	AINAL OISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a)					
	REC	A A A	1 A S A S A S A S A S A S A S A S A S A	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CON	IDITION FOR	R WHICH OPER	RATION W	AS PERFORMED?	-				20 AUTOP	SY?
	ITAL	SHOUL ORD "F CHIEF	S S S	IFIC			Tal Set									YES T	
	F	WORD WORD	Z	ERT	210. EXTERNAL CAU	SE WAS		OF INJURY		21c. H	OW INJURY OCCURR	ED (ENTER NATI	IRE OF INJURY IN	ITEM 18 PART	1 OR PART		1 140 []
	Z	SHOW THE	N N N		UNDERLYING X			0m. 9-6	H DAY YEAR		bject drow	mod af	tor d	izzina	int	0 5.70+	or
	ISIO	NO NO	PROPRIE	MEDICAL	21d. INJURY OCCUR		21e PLAC	E OF INJUR	Y (AT HOME,	21f. LO	CATION	wied at	rer u	LVIIIG	THU	J wall	er.
	≥	WRITING THE WOI	250	ž	WHILE NOT AT WORK	WHILE D	STREET, F	FACTORY, FARM,			street		CONOT T	inco	COUNT		STATE
		F 3 a	ST		AT TOM			water		ISUS	squehanna F	KINST,	Conow	ingo,	ced	cil	MD
		SATE S	K III ()		22a. I certify that	I taak charge	e of the remains	described ab	oave, held an	Autap	sy X, Inspection	an L.	Inquiry	, and in	n my apini	ian	
		ME HE	E S		death resulted from	n: Nature	al causes,	Accident	L, Su	ricide 🔲	, Hamicide	Undeterm	ined manner	_X,			
		CERT CERT	₹ § §		ACTUAL	10		20			TITLE (SPECIFY)	hiof			DATE	0-0	0_07
		CAL EXA THE CER SHOULD	HH.)	SIGNATURE	AL	-	4x		M	Deputy C	MEDICA	LEXAMINER	t	DATE SIGNED.	9-0	8-87
		MEDIC CUTE % 4 S	AFTER DEATH, WITH THE		EXAMINER'S NAME	Ann	M. Dixo	n, M.I	D.		ADDRESS 111	Penn St	t., Ba	lto.,	MD	2120	1
		TO ME EXECU	BAL	23a. Bi	JRIAL, CREMATION, F	REMOVAL 23				METERY C	R CREMATORY	23d. LOCA					
90	1.9	166	19		Burial		9-11-8				Mennoit		caste	Ian	COUNTY	ter	PA
1 %	5M2	St	12	24. FI	INERAL DIRECTOR				Rising	Size	25a. DATE	REC'D. BY RE	GISTRAD 175	L REGISTR	AP'S SK	MATIDE	
		OHMH (VR A15 /		R	T. Foar	d Fur	leral H	Iom - N	Maryla		SEP	1019	87 H	ulia Di	corder	Rando	us.
						- 4 111	CT OIL	பார் :	MI VIG	1111							

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOSIENE CEDTIFICATE OF DEATH

1 '	HICHETRAR		CERTIF	ICATE OF DEATH	REC	5. NO.		
	ECEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEAT		DAY YEAR	2h HOUR
LIV	Eliz	abeth	Jane	Gray	-	15, 198	37	12.27P
3. S		4 RACE	5. DATE C		6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	Dec.	12, 19 12	74	YRS	MONTHS DATS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	Y? 8	D X NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	12 56 4
Ba	Itimore, Md.	U.S.A.	WIDOWE	D DIVORCED		Cecil	L	MD.
1	Elkton	11. NAME OF HOSPITAL, NUR TENOTIN SUCH FACILITY GIVES TR	Wursi		120 USUAL OCCUP (TYPE OF WORK FOR MC	PATION DISTOR WORKING LIFE WITE	126 KIND C INDUSTRY	home
230		ROTHER INSTITUTION GIVE RESIDENCE BE WY Castle Wews		13d INSIDE CITY LIMITS?	13e.STREETSADBE	ss/zip cope	ane 9	9999
2	Gëorge	MIDDLE	Ley	IS MOTHER'S MAIDEN NA	ME	LE	Child	_
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES! 51-70-		Robert L. G		Briar		k, De.
CERTIFICATION	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING T			20a AUTOPSY?	20b. IF YES IN CERTIFY	, WERE FINDIN	NGS USED OF DEATH?
CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	YES NO		ART I OR PART 2)	NO 🗌
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	Series Company				
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE
	saw the deceased alive ar	nat) attended the deceased from		id that in (my) (for apinion	to	I Win		that (1) last
	Later .	non	m.	DEGREE ATTENDING PHYSICIAN		STAFF YSICIAN []	9//	SIGNEDY 5/87
	Robert L	. Gray, M.D.			n Street	t, Elkt	ton, M	d.
230.	BURIAL, CREMATION, REMOVAL	0 46	NAME OF C	EMETERY OR CREMATORY Ferris Crem	23d LOCATION			
24 F	UNERAL DIRUCT	ANCRAI HOM	EIK	to md SEF	1 7 1987		RAR'S SIGNAT	

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1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OF GIENE CERTIFICATE OF DEATH

REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH YEAR TO. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED LI NEVER MARRIED WIDOWED'S DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE! INDLISTRY USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 13c. CITY OR LOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE eci 70 NO Fletchwood 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b); PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF oronaw Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TA DIVISION OF VITAL Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (FINTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY TH LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AI WORK 220.1 certify that (1) (this hospital) attended the deceased from that (I) (we) last 22 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. DIRE 226. SIGNATURE DEGREE 77L DATE be detach e Stote De ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 77e ADDRESS d b MPORT, 73s. BURIAL GREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73h DAT DHMH - 16 60M 7/84 (VRA 15, 4)

2/23/152 166939 SEP 23 ET Med Carell Let the Land State of the wife A Company of the Comp Laute pulmency more your and it was the same the wife of the and to adopt a fall of the 15 20/2 Month R. Carage - 1/24/51 V. CAERS DICK The sound Entre of Home & Jan 14

Techous ofter death be executed within 24 hours offer death. Page 4 may be cron and completely filled in by the fun ers. Pages 1 and 2 shadld be filed within DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR, After this certificate has been signed by the art should be detached for use as the burial-transit permit. Then please remain as with the State Dept of Health and Mental Hygiene prior to burial, criminalism. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE CERTIFICATE OF DEATH

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6 2 5 SEP 2	e7	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL TYC	GIENE & REG. N	0 0	3	
	1. DE	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
poge 3	TITPE		arl			На	german		Se	pt. 17,19	87	M
pod bod	3 SE.	(4 RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER	RIYEAR IF U	NDER 24 HRS
ecto		Male		White		Dec		1919	68	YRS.	DATS HOL	JRS MIN.
die die	70 B1	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8	-	-		OR COUNTY OF DE	ATH	
2 75		Vest Virgin	nia	U.S.A	1	WIDOW		MARRIED	Cecil C	cunty		440
P		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME			120 USUAL OCCUPAT		KIND OF BU	SINESS OR
[[]	1	Elkton		OF ROA	Hill Road	ADDRESS)			(TYPE OF WORK FOR MOST	OF WORKING LIFE) IND	USTRY	
2	-	AL RESIDENCE (IF NURSI	NG HOME O				-		Assm. Line	GM Au	to Mfg	
34			136 COU		13c CITY OR TOW		134. INSIDE	CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
10		aryland	Ce	cil	Elkton		YESX	NO 🗌	99 Red Hil	1 Road	21	921
包入	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	'S MAIDEN NA	ME MIDDLE		LAST	
10		Thomas			Hagerm	an	Sa	arah	Α.	Pu	ckett	
0 /		VAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADDF	ESS		
ned /	(NO OR UNKNOWN	(IF YES, G	IVE WAR OR DATES	233 07 6	405	Della	V. Hag	erman, 99 R	ed Hill R	d. El	kton.M
ws any injury, or other	CERTIFICATION	couse (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	lost.	CONDITIONS C		M CONTRACTOR BUT	1		// IN SEASE OR CON 200 AUTOPSY? YES NO	NDITION GIVEN IN F	CAUSES OF D	
Shows	- E	21a ACCIDENT WAS UND	ERLYING [21c HOW II	NJURY OCCUR	RED (ENTER NATURE OF IN)			
Tem		OR CONTRIBUTING C		AIN	M. MONTH DA	AY YEAR						
	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	ED	21e PLACE	OF INJURY REET, FACTORY OFFICE, F		211 LOCAT STREE		CITY OR T	OWN COL	UNIY	STATE
Norked		22a I certify that (1)			ne deceased from_	ME	RCH	_, 19_65	, to 52PT	, 19.8	T_, that	(we) lost
		sow the deceose obove (III) ve (d	d olive o	of) view the body	ofter death.	1	nd that in my	(our) opinion	death occurred on the		om the couse	
# Hem		THE SIGNATURE	1	/ XI	/ .			ATTENDING _	_ MEDICAL STA	AF.F	DATE SIGN	0/7
Ž		THE PHYSICIANS NA	100	1000	cun		22e ADDRE	PHYSICIAN [_ DIRECTOR _ PHYS	CIAN	9-11-	0/
/		//										_/
IMPORTANT		Dr. Joe	eph	G. Lanz:	L, M. D.		721	Bridge	Street, El	kton, Md.	2192	:1/
		SURIAL, CREMATION, I	REMOVA	L 236 DATE	23€ 1	NAME OF	EMETERY OR	CREMATORY	23d. LOCATION	COUN	TY	STATE
		Burnial		9/21/	87 Es	saw/I	Rife Ce	metery	4111 011 10 1111	tain.Bucha		Va.
M 7/84	24. FI	NETAL DIRECTOR	1	5 2/	caby				TE REC'D. BY REGISTRA			- 1
4)		Hicks Home	for	Funeral	S. ADDRESS	Elkto	on, Md.	SEP	23 1987 4	Lia Davidson	Kandal	5)

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STATE OF MARYLAND

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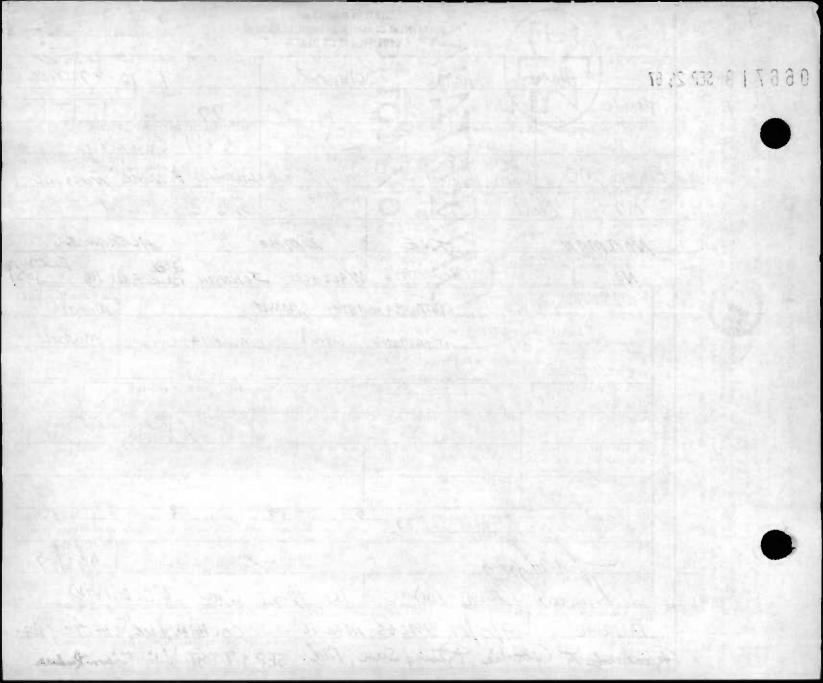
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

0 0 00		.01				REG. NO			
	12	PLASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH OA		HOUR
9 11 /	1	Anna	Rathata	H	einsohn		7 3	872	.144 m
1 15	1:58		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF		NDER 24 HRS
18		Female	White	Jant	ary4,1962	85		ONTHS DATS HOL	URS MIN.
1 11 10	70 B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	9	J 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		YRS .	PEREATH	
10/21		New York	U.S.A.	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		· - 1	
15 5/				WIDOWE		cecil	600	4714	MD.
1 11/2/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION			SINESS OR
1 1101	1	lkton	"" Un'I'dh' chos	pital		"Retifed"	WORKING LIFE	"Waii'tr	ess
1 2			ROTHER INSTITUTION, GIVE RESIDENCE BEFORE						
1 1	Mia	Tyland "Ced	Y1 BIRTON	i i	136. INSIDE CITY LIMITS?	130 FREE ACTES	THE CODE T	iane	1931
					153 [] 110 []			101210	101
もからり		THER'S NAME Thardt	MIDDLE Haller	n	15. MOTHER'S MAIDEN NAM	WIDDIE	0.11	ALAST	
T UA	-	THALU	narre		EMMA		SCHI	DCK.	
2 2 3 /		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		Einton,	, Md.
10 13 1/	V	(IF YES, GI	VE WAR OR DATES) 064-01-	-2507	George E.	Heinsohn	6 Gil	more La	ane
10 17 1	-								
9 1911		PART I DEATH WAS CAUSE	nly one couse per line for 101, (b), one D 8Y.	dich				APPROXIMATE BETWEEN ONSET	AND DEATH
1 001			TE CAUSE (0) Cardiac	Mive	st			/ day	/
ding or o			DUE TO, OR AS A CONSEQUE	NCE OF				/	
the out		Conditions, if ony, which	1 Acute		cardial Int	arction			
2 2 2 2 2		gove rise to immediate		0			319		
1 200		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE		stery Disea				
1 242 1			(c)	7				1	
on the same	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN	N IN PART I a	
F 1551_	NO N								
1 4166	CATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?		WERE FINDINGS L	
26 25 60	CERTIFIC					YES NO	YES		0 🗍
To story to the st	18	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM TO PAR	T I OR PART 2)	-
35 415 7		OR CONTRIBUTING CAUSE OF DE		_					
25 0 5 5 E	Š	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
E SEE	MEDICAL	WHILE IN NOT WHILE IT	(AT HOME STREET, FACTORY, OFFICE FA	ARM ETC)	STREET	CITY OF TOV	NN	COUNTY	STATE
Of the state		AT WORK AT WORK		01	60	12		450	
20 4 30 E		22a I certify that (I) (this hosp	(tot) ottended the deceosed from	-1/	190/	_, to		that i	(I) (we) lost
H 2 2 2 5 1		saw the deceased olive or	ot) view the body ofter death.	on on	d that in (my) (our) opinion d	eoth accurred on the da	te and hour o	and from the couse	es stoted
なり 対する 自		226 SIGNATORE	of view vie body offer deom.		DEGREE			22c DATE SIGN	IED
0 4 9 8 9 5		(12			ATTENDING	MEDICAL STAF	F		
SPITA Jera Vera Vera Vera Vera Vera Vera Vera V	1	22d PHYSICIAN'S NAME (LYRE C	OR PROACT)		22e ADDRESS	DIRECTOR PHYSIC	IAN		
FUNER Stee Stranger		C)	JR PRINT)		01 6 -1	1. N x	. 1	0	
o HOSP etoined TO FUNI should bi with the		Chris No	weni		10/d 0, 30 C	Ingall, 1	Newer 1	1, 1/2	
7 = 1 = 3 ₹.		URIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CI	METERY OR CREMATORY	23d LOCATION			
BP		SPECIFY BUSION	Seft 91987 10	N9 IS	LAND NATIONS	1 Farmus do	100	GALW AL	Wark
	24 FI	INERAL DIRECTOR	no 20 1 ma	154		REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATURE	PULK
DHMH - 16 60M 7/84	C	The state of the s	Control & Control	TOT.	EIVL		- 1	TO A	
(VRA 15, 4)	0	E PUNETAL HO	me		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SEP 9 198	Belen	Dendo	andres.

FOR

DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL ID GIENE



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

065400 SEP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

48 25	STATE REGISTRAR		DEPARTA		EALTH AND MENTAPHYG ICATE OF DEATH		EG. NO.	4 4	
1. DE	CEASED NAME FIRST	A	AIDDLE	L	AST	20. DATE OF DE		DAY YEAR	26 HOUR
[TYPE	E OR PRINT)	T T 43/	1	TOTAL	MOON	0 4 1	/ 10	007	12.25
3. SE)		L TAM	Α.	I S. DATE C	NSON	Septemb	er 4, 1	IF UNDER I YEAR	12:25
J. JE.	Male	Caucasi	an	MONTH	DAY YEAR	****		MONTHS DATS	
20 BI	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Janua	ary 15 1905	9 BALTIMORE	YRS COUNT		
(COUNTRY				NEVER MARRIED	200	_	TO DEATH	
	ew York	U.S.		WIDOWE	DIS DIVORCED DIVORCED DIVORCED	Cecil USUALOCC		Tab KIND	OF BUSINESS O
-	rry Point, Md.	(IF NOT IN SUCI	HEACILITY, GIVE STREET, edical Ce:	ADDRESS)	Re	TYPE OF WORK FOR		LIFE) INDUSTRY	
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU aryland Cec	INTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton		13d. INSIDE CITY LIMITS? YES NO 斉	13e STREET ADD 2 West	RESS		1d. 2192
14. FA	ATHER'S NAME	MIDDLE	Tohngon		15. MOTHER'S MAIDEN NAME FIRST Andromache	ME	DDLE		AS1
16a V	Aristedes WAS DECEASED EVER IN U.S. A	RMED FORCES?	Johnson 166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS	naczapot	1103
- 0		WE WAR OR DATES)	051-09-5		Alexandra Ta	11amy, 2	West La	ane, Elk	ton, Mo
	Conditions, if ony, which gove rise to immediate couse (o), stoting the	(b)	R AS A CONSEQUE						
TIFICATION	PART 2. OTHER SIGNIFICANT Alzheimer's 190 Date of OPERATION			DEATH BUT	NOT RELATED TO THE TERM	1 Q 2081 RUTEPS	Disgas		INGS USED
CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT Alzheimer's	Discountions CC Discounting CONDITIONS CONDI	TIONTOR WHICH	DEATH BUT		YES X NO	Disgas	ÆS, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT Alzhetmer's 19a Date of Operation 21a. Accident was underlying [OR CONTRIBUTING [OR CONTR	21b. TIME O HOUR A A	FINJURY M. MONTH DA	DEATH BUT PERATIO AY YEAR 19	Arterisaclert	YES NO	Disgas	ÆS, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
	PART 2. OTHER SIGNIFICANT A1 Zhefmer s 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that X (this hosp	Discost 196. CONDITIONS CO. Discost 196. CONDITIONS CO. ATH HOUR A./ P/ 21e PLACE ((AT HOME, STR ontol) ottended the	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F e deceosed from CONTROL OFFICE, F offer deoth.	AY YEAR 19 ARM. ETC.) July XXXX	216. HOW INJURY OCCURI	YES NO NOTE OF THE PROPERTY OF	OF INJURY IN TEM II OF INJURY	PES, WERE FIND TIFYING CAUSE YES B PART 1 OR PART 2) COUNTY 19 87 HOUR OND from th	INGS USED S OF DEATH? NO STATE STATE , DEXESSED E SIGNED

SEP 1 0 887

0666

filled in by the funeral director, page 5 and be filed within 72 hours offer death

completely 1 i I and 2 she

STATE OF MARYLAND CERTIFICATE OF DEATH

NÉNE 2 6 3 / 0	
September 19, 1987	26 HOUR 9:45A M
6. AGE (IN YEARS LAST BIRTHDAY) 56 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH	IF UNDER 24 HRS HOURS MIN
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	MD. DF BUSINESS OR
130 STREET ADDRESS 2704 SCATFF ROAD	21047
EllEN DAL	
1692-5089 ADDRESS 2704 SCATE TO 1. WETHEKE TOHISTON, MANYI APPREN	Ad 21047
APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
67 11 72 16	
INAL DISEASE OR CONDITION GIVEN IN PART 1:	a
200 AUTOPSY? 206. IF YES, WERE FINDING CAUSES YES NO X YES TEN NO X	NGS USED OF DEATH?
RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
CITY OR TOWN COUNTY	STATE
to September 19, 1987	that (we) lost couses stated
MEDICAL STAFF DIRECTOR PHYSICIAN	SIGNED
Center, Perry Point, MD	21902
123d LOCATION	

		REGISTRAR				CATE OF DEATH	REG. NO	of.	1 5		
EP	24 PE	GENSED NAME	JONES	CLARENCE	L.	JONES, IN	September			26 HOUR 9:45A	
	3. SE	NAIE		White	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER TYEAR		
35		IRTHPLACE ISTATE COUNTRY)	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY O		OF DEATH	M	
23		erry Poin	- 4	11. NAME OF HOSPITAL, NURSIN VA Medical Cente	IG HOME C ADDRESS) 21	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		INDUSTRY	OF BUSINESS OF	
3	130. 5	STATE Darryland	JUL COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY GOOD 130. CITY OR TOW FOLLISTON (N .	13d. INSIDE CITY LIMITS? YES NO 🔀	130. STREET ADDRESS 2704 SCA	eff R	ond c	2104%	
21)	CLOTEN	CE L	EO JONES, S		SATAL	EIL WIDDLE		DAL	ton	
ス	. 0	WAS DECEASED EV YES, NO OR UNKNOWN) ES - Army	HF YES, GIV	MED FORCES? 166. SOCIAL SECU 6 WAR OR DATES) 214-30-5		17 INFORMAN(SiSTET) Mrs. Frances	N.WETHEKE	704 Se	N. MATY	14017 Joel	
		18 CAUSE OF DE PART I. DEATH	WAS CAUSE	ly one couse per line for (a), (b), one D BY: E CAUSE (o) Cardiopul		y arrest		155	BETWEEN	XIMATE INTERVAL I ONSET AND DEATH	
		Canditions, if o gave rise to cause (a), sto underlying con	mmediate iting the	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)							
	NO	PART 2 OTHER S	GNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 1	10	
2	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES \(\text{NO} \) YES \(\text{NO} \)				
7	6	21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
J	MEDICAL	WHILE NOT AT WORK		21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		saw the dece	osed alive on	pital) attended the deceased from <u>March 28</u> , 19.86, to <u>September 19</u> , 19.87, that September 19, 19.87, and that in September 19, 19.87, and the							
_1		226. SIGNATURE	Too /	The same of the sa		DEGREE ATTENDING PHYSICIAN [MEDICAL STAP	F IAN 🗌		8/87	
1		JEAN R.		EN, M.D.		VA Medical	Center, Per	ry Poi	nt, MD	21902	
		BURIAL, CREMATIO	N, REMOVAL	la l		emetery or crematory oth. Church Cem.	23d LOCATION CITY OF TOWN HydES, BALL	rimore C	COUNTY	STATE	

250-DATE REGIO

BP.

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: After retained by the hospital or

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or ne should be detached for use as the with the State Dept. of Health oriel

> 24 FUNERAL DIRECTOR FOSTER F.H., W. Broadway & Williams St.Bel Ai:

Johntown Cemetery

Earleville

DABY 1987 RAR THE REGISTRALISTIC KANS

Ceci]

9/9/87

Gary Fellows P.O.Box 270 Millington, MD 21651

24. FUNERAL DIRECTOR

DHMH - 17

(VR A15 ME (5))

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Pritopance Phristic				affinates
X 121 Old Crystal Reach ld		offical yall	Fine	o an
icia Ann Iolean	op a co	Procky Jr.	PAULITA	Hanry
eis Ann Winnehfield	Patric	212-50-6992	1/1/	- A19
AL 2十一一				
			4	

Cary Tellows 7.0.50x 270 Williagton, MD 21651

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167	626 OCT	1-	STATE					AND MENTAL H		O I bus	
101	626 OCT		GEASED NAME	FIRST	MEL	MIDDLE	IEK 3 C	CERTIFICATE O	, Oc.	G. NO.	1000
+			PE OR PRINT)	71131		MIDDLE		LASI	20. DATE KNOW	N MONTH DAY YEAR	R 26 HOUR
1	PLEASE ECTOR. FILES. HOURS			TI	MOTHY		WIS	LES'	TER DEATH MATE	9-23-879	1
	SESE	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE		NDER TYR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEA	AR 2d HOUI
	SZ OUR.		lale	White		1959 28	rRS.	DATS HOURS	DEAD	9-23-8719	B: 451
-	RAIL Y ALL		RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARR	IED X NEVER MARRI	P P BALTIMORE CI	TY OR COUNTY OF DEATH	
	HECESSARY, PLEASE INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,		lest Vir	ginia	U.S.	Α.	WIDOW		- Coail Co	inty	TAA
	50 A K B	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	120. USUAL OCCUPATION	TYPE OF WORK 126 KIND OF	
10/	SE PATRICIA	E	lkton			Hospital			FOR MOST OF WORKING LIFE:	Mfg.	SIRY
VI) =	A DEED TO SEE TO	WSU/			OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)	1			БМ
7 2	A SE		laryland	l 13b COUI	ecil	North Eas	st	13d INSIDE CITY LIMITS? YES NO 🖾	Smiths Apts	North East .,P.O.Box 282	, Ma.
, dw	A 25.00 P	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		LAST	
tui Gr	SWEET/		Tyree		Q	Lester		Elsie	M	Spence	r
N OW	PAA ORA	16a. V	VAS DECEASED	EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDI	RESS	
BALTIMOR	URS AFTER DEATH 8. GIVE PAGES 1 WIT. PAGES 1 AND DIVISION OF VIT		No	(11 163, 017	t was on Dailey	216 80 83	358	Debbie J.	Lester, Box 2	82, N.E.,Md 2	1901
	HOURS IN 18. (NG WI RAMIT. PENE, DI'		IB CAUSE OF	DEATH (Enter a	nly ane cause per line	far (a), (b), and (c).)					ATE INTERVAL
N	124 HOU ITEM 1 LONG PERMI GIENE, VAL.	7	0/1	IMMEDIA	ATE CAUSE (a) B	lunt traum	a to	chest	Street, L. Co.		
STC	HIN 24 IL IN IT IS ALC NSIT P L HYG EMOV		1//	10	DUE TO, OR	AS A CONSEQUENCE					-01-11
00	ELS. Z. T. Z.			s, if any, which e to immediate							
3	ZEZHZ6		cause (a)	stating the under		AS A CONSEQUENCE	OF		TE STATE OF		
DIVISION OF VITAL RECORDS 201 W. PRESTON ST	EZDE		lying cau	e iusi.	(c)						
SOS	86325		PART 2 OTNER SIG	NIFICANT CONDITION	CONTRIBUTING TO GEATH B	UT NOT RELATED TO THE TERM	AINAL OISEASI	OR CONDITION GIVEN IN PAR	IT 1 (a).		
0	M66668	O N	3350								
~	SE SE I	18	19a DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPER	N NOITA	AS PERFORMED?		20 AUTOPS	Y?
¥.	各省金融企业	Ĕ								YES 😿	NO 🗆
J. J.	大学の単位の一	CERTIFICATION	21a EXTERNA		21b. TIME OF	INJURY	21c. HC	OW INJURY OCCURRED	CENTER NATURE OF INJURY IN ITE	M 18 PART LOR PART 2)	
N	THIS CERTIFICATE WARRING THE WARRING TO THE PAGE 3 SHOULD TATE DEPARTMENT TO THE		UNDERLYING	IG ☐ CAUSE OF	DEATH 2:50PM	MONTH 3 DAY 7, YEA	* a t	ruck which	was backing	up pinned sub trailer	oject
Sisi	PRE SH	MEDICAL	21d INTURY O	CCLIPPED	21e PLACE O	FINJURY (ATHOME,		CATION	and storage	CIGILCI	
S	ARIDE ARDE	Z	WHILE AT WORK	NOT WHILE		DRY, FARM, ETC.)		Ctata MCC	CO TOO	Cecil Co., Md.	STATE
	PAN AN A Z				,	property @	I Ma.	State MFG	. co. mc.	Lecti Co., Ma.	
	A Z S S Z S		72s. I certif	that I took char	ge of the remain desc	bed above, held an	Autops	nspection	Inquiry	and in my apinion	
	SER DEE		death resulte	d'Irgin Natu	oral cause	Accident A	icide	. Homeide	Undetermined manner		
	86898 ≥ ¥		ACTUAL A	00000	MY	udhl	111.1	TITLE (SPECIFY)		- Total	07
	SESSEE -		SIGNATURE	xein	10 10 m	wxi///	-cum	Assistant	MEDICAL EXAMINER	DATE 9-24-	-87
	TO MEDICAL EXAMINES I EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL WITHOUGH PAFTER DEATH MITHER THE BALTIMORE, MARYLAND, 2		EXAMINER'S N		~	11		3000000			
	N-TTEIN	22 6	LTYPE OR PRIN	- LAGE	nis F. Smy	Activity of the second second		Control of the Contro	Penn Street		
		230.B	Buria Buria	ION, REMOVAL		23c. NAME OF CE.			736 LOCATION		STATE
07/84 25M	BP	74 EI	JNERAL DIRECT	000	9/28/87	nickory I	tage	Cemetery	Bud Mountain	,Wyoming, W.	Va.
	DHMH - 17				Funerals	, Hec	kton	/	EC'D. BY REGISTRAR 25b R		00.
	(VR A15 ME (5))		TILOND II	OME TOI	AT GITCE GITS	F 13	. K COII	, ma. 061	02 1981 Ju	ne veridon-Handa	7

10 10-16

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

REG. NO.

	(TYPE	CEASED NAME FIRST OR PRINT) MARY EI	MMA LON		AST		1987	YEAR	2h HOUR
1	J. SEX	FEMALE	CAUC.	S. DATE C	10, 1916	6. AGE (IN YEARS LAST BIRTH	YRS	44	IF UNDER 24 HRS HOURS MIN.
2	E	ARLEVILLE MD		8 Marriei WIDOWE	D NEVER MARRIED U	CECIL			MD.
1	EI	LKTON	I. NAME OF HOSPITAL, NURSING	PRESOF	CECIL CO.	UYPEOF WORK FOR MOST OF		REST	AURANT
5	130. S M 2	0110 110 11			13d. INSIDE CITY LIMITS? YES NO 1	7383 AUGU	JSTINE	HER	MAN HWY
1		VILLIAM "	B. LOLI		LAURA	WIDDLE	BAI	LEY 1AS	1
1		VAS DECEASED EVER IN U.S. ARM #S. HODOUNKNOWN)	MED FORCES? 166 SOCIAL SECURI 211-20-2	-	HENRY LONG	husband		me	MATE INTERVAL ONSET AND DEATH
	HON	Service of the service of	DUE TO, OR AS A CONSEQUENT OF THE CONSTRUCTION OF THE CONTRIBUTING TO DE	CE OF OLEIC EATH BUT		Mufunction NAL DISEASE OR COND	VCAL BITION GIVEN	24.	In ys
2	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH O	PERATIO		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ☐ NOT WHILE WORK ☐ NOT WHILE	P.M. 21e. PEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EAR	19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY CITY OR TOW	VN	COUNTY	STATE
,		saw the deceosed alive an above, (1) (we) (did) (did not) 22b. SIGNATUII 22d. PHYSICIAN'S NAME	-4M		DEGREE ATTENDING PHYSICIAN 22e ADDRESS CECT L-KENT	MEDICAL STAFF	F IAN []	220 DATE	
1	- (COBECT SE SPECIFY BURIAL JURIAL DIRECTOR	1 1 1-	ME OF C	EMETERY OR CREMATORY N CEMETERY	23d. LOCATION	LE CE	ES 2 CTL N	MD STATE
			AL HOME 226 E.	MA			1913	21 9	AND INCOLUCION

FUNERAL HOME 226 E. MAIN ST.

DHMH - 16 60M 7/84

(VRA 15, 4)

March 186 Charles In the March 186 M

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	VIETE IN	Agy Tolkeron	es/e -	
The state of the s				

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR Margaret H. Mackey 1987 8:50A.M September 11 4 RACE 5. DATE OF BIRTH Female White Nov. 14, 1907 78 BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Cecil Co., MD WIDOWED X DIVORCED Cecil 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Calvert Manor Nursing Home, Inc. Rising Sun Postal Clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION: 136. STATE 136 COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MD Ceci 1 21915 Chesapeake Ciltus XI 611 Biddle St. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Clarence Harrington Laura Bungard 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT MD Miriam Watson, 611 Biddle St., Chesapeake City 215-22-2297 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for rat), (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o gave rise to immediate couse (a), stating underlying cause DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

ATTENDING STAFF PHYSICIAN. 120 ADDRESS

211 LOCATION

DEGREE

STREET

CITY OR TOWN

COUNTY

22c. DATE SIGNED

STATE

21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM ETC 1

DHMH - 16 60M 7/84 (VRA 15, 4)

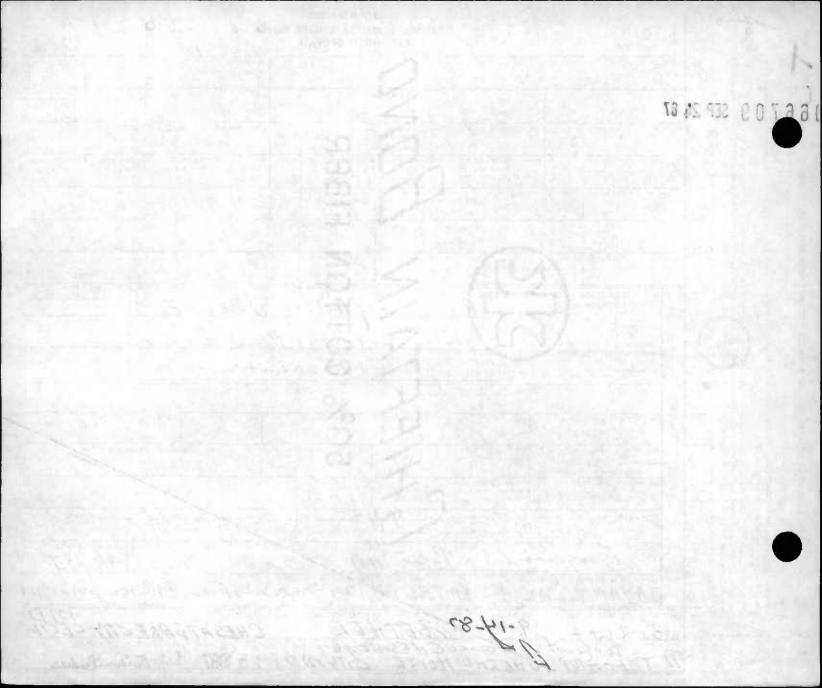
should be det with the State IMPORTANT:

21d INJURY OCCURRED

226 SIGNATURE

NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OF GIENE

779	OCT :	71	FOR TTATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL TCATE OF DEATH		26	1 :	3
X	, , , , , , ,	I DE	CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
0 0	14 g	{TYPE	OR PRINT)	J.	Nor	man	MC	COY	Sept.	26, 1987		8:30 Pm
mo)	120	3 SE			4. RACE	ETHI	S. DATE O		6. AGE (IN YEARS		IF UNDER TYEAR	
oge 4	()		Male			ite		. 8, 1913	74			
E.	3		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		ITY OR COUNTY		
dea			aryland TY OR TOWN OF DEA	TH	U.S		WIDOW	DR OTHER INSTITUTION	120 USUAL OCC	cil Coun		MD. OF BUSINESS OR
after	19/		sing Sun,		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Home, Inc.	TYPE OF WORK FOR	MOST OF WORKING LIF		DE BOSINESS OK
durs	11 3	115U	AL RESIDENCE (IF NURS	ING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	ADMISSION)		Accoun			
24 +	Pell To		aryland	Cec		Cecilta Cecilta		13d INSIDE CITY LIMITS?	130 STREET ADD	ress / ZIP CODE ain St	21913	3
	1 2 - 1 2 m		THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	DDIE		
3	2		James		P.	McCoy		Annie			Jones	y1
N CO	oges l	160 \	VAS DECEASED EVER (ES NO OR UNKNOWN) Yes		RMED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS		
	rs. Po		Yes			217-20-4	1858	Julian Jones	, Box 144	, Massey		21650
rcate	pope loval.		18 CAUSE OF DEAT	H (Enter or	nly one couse per ED BY:	Acute	con	gestive Hea	rt fail	ure		onset and death minutes
	rbon r rem ic eve		1975 N. F	IMMEDIA	TE CAUSE (0)			107/107 E 10 PM	THE COLUMN			m Thates
eoth	ve co ion, o	h.,	Conditions, if any,	which	DUE TO, O	R AS TOSTSHE	MT 8	dilative ca	rdimyop	athy	3	yrs.
the d	remo emat		gove rise to imm	nediote	DUE TO O	r as a consequ	NCE OF					
	l by eose ol, cr		underlying cause		(c)_	Diabe	tes	mellitus	Sec. (2)			
	en ple burn ury, o	z	PART 2 OTHER SIGN	Tens	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER, Recurrent	MINAL DISEASE OF	CONDITION GIV	EN IN PART II	udomemb
2	nit Th	CERTIFICATION	190 DATE OF OPERAL					N WAS PERFORMED	20g AUTOPSY		, WERE FINDI	1115
e lov	bos b	IFIC	The DATE OF GREAT		17.6 CO.10		O' EII/THO	TO TEN ORMED		IN CERTIF	YING CAUSES	
ysicio	cote onsit Hygie 8 sho	CERT	21a. ACCIDENT WAS UND	_	21b. TIME O		WE LE	21c HOW INJURY OCCU		CAL		
CIA!	igl-tr inteller	CAL	OR CONTRIBUTING C		AIG.	m. month d. m,	19	The second second				
ndin	d Me	MEDIC	21d INJURY OCCURE		21e PLACE	OF INJURY	ARM FTC)	211 LOCATION STREET	CII	y OR TOWN	COUNTY	STATE
offe	fter os th th on orked	2	AT WORK AT WO	KK .				7.5				
o I	USE Heal		220.1 certify that (1)		200-	e deceased from_	87	, 19				that (I) (and lost
ALIE	d for t of m 23		sow the decease above, (1) (c	lid) (d			, ,	nd that in (my) prinior	death accurred on	the date and hou		
S S	DIR Oche Dep If he		226. SIGNATURE		- 0			DEGREE ATTENDING	MEDICAL	STAFF		29.87
by t	FUNERAL old be det the State		22d. PHYSICIAN'S NA		Olleria	cam ?	ND	PHYSICIAN 22e ADDRESS	DIRECTOR F	HYSICIAN [
ned i	should be det with the State		Wallace			,MD,		Cecilto	n, Md.			
refor	shault with PO	23n F	JURIAL, CREMATION,	REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N		
BP.			BURIAL				101	CEMETERI	Cecity or to	WN	cecil	STATE
	- 16 60M 7/84	24 Ft	INERAL DIRECTOR	. 1	1	ADDRESS		651 250 DA	TE REC'D. BY REGIS			
	RA 15 4)	F	MAME I	11 12	AFF JAS	ADDRESS	173.1	MP 1	0070-			

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY GIE	NE
CERTIFICATE OF DEATH	

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6 6 6 92 SEP 2	18	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH AND MENTAL FICATE OF DEATH	HYGIENE REG. NO.	
o pp		CEASED NAME FIRST GEO	RGE H.		MEEKINS, Sr	September 11,	1987 75 HOUR 1987 1:40A M
pog pog	3. SE	x	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Poge 4 r director, hours offe		Male	Negro	1	0 14 95		
Poge direct hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	T COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
funeral thin 72		arvland	II.S.A	WIDOV		0	MD.
by the fune filed within	10. C	rry Point			OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN Laborer	17b. KIND OF BUSINESS OR INDUSTRY
14 hours	130	AL RESIDENCE (# NURSING HOME STATE 134 COL	JNTY 13c. C	esidence BEFORE ADMISSION CITY OR TOWN	13d INSIDE CITY LIMIT	S? 13e. STREET ADDRESS	21622 S Church Creek
d d d d	ALC: U	ATHER'S NAME	MIDOLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST LAST
94 9		JOSODA WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN 1 (18 YES, C	RMED FORCES? 166.	Meekins Social SECURITY NO.	Sarat 17. INFORMANT	ADDRESS	21613
1 2	L		W. I	0 03 9770	Lois M.	Johnson P.O. B	30x 195
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		or (a), (b), and (c).) piratory A	rrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDI.	DUE TO, OR AS	A CONSEQUENCE OF	art failure		
e othe move nation froum		Canditions, if any, which gave rise to immediate	(b) Con	igestive ne	art fallure		
District of the collection of		cause (a), stating the underlying cause last.	DUE TO, OR AS Chr	onic obstr	uctive pulmo	nary disease	
signed hen ple to burio	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
hos been prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? ZOB. IF YES ☐ NOXX	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ding physics certificate buriel-training Mental Project or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M.	MONTH DAY YEA	R	CURRED (ENTER MATURE OF INJURY IN ITEM	18 PART I OR PART 2}
the the ond	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220. I certify that (X(this has saw the deceased alive a above, (X(we) (did) (AXX)	pital) attended the dec	eased from June 11 ₁₉ 87	and that in XX (aur) api	7 , to <u>September</u> nian death occurred an the date and	1119 87 , that (X (we) last haur and from the causes stated
AL OR ATTEN the hospital AL DIRECTOR letoched for u tre Dept. of He		22b. SIGNATURE	herd	alus)	DEGREE	NG MEDICAL STAFF	9-11-87
TO HOSPITAL TO FUNERAL Should be deto with the Store IMPORTANT: H		PREM LAL, M		1	22e ADDRESS	Center, Perry Po	
		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
BP		Burial	9/15/87	John	Wesley Cem		Dor MD
OHMH - 16 50M 1/81 (VRA 15, 4)	Bo	uneral director ardrey F.H, Car	mbridge, MD	. ADDRES 12 H	ubbard StS	EP 16 1887	Danie Village

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STATE OF MARYLAND

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5402 SEP 14	87	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HOS	IENE/	2 6	3 /	1
m 5		CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
noy be poge 3			nes	Re	becca	ı	loore		eptember	4, 1987	М
r. po	3 SE	(4. RACE		5. DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
age 4	100	Female		Caucas		Marc		84	YRS		
1 70 22		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9 BALTIMO	RE CITY OR COUN	TY OF DEATH	
		aryland		U.S.A		WIDOW			1 County		MD.
1 11/4/		TY OR TOWN OF DEA	TH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING		F BUSINESS OR
2 1 2 2		1kton AL RESIDENCE (IF NURSI	NC MOME OF				Cecil County	Homem	aker .		
BALTIMORE, MARYLAND 2120 Gate be executed Systeion and comp Ppers. Pages 1 fm val. f, the medical executed f, the medical executed from the first fro	13p. S	TATE	136 COUN	VTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET A	DDRESS / ZIP CO	DE	
	$\overline{}$	ryland	Cec	cil	Elkton		YES NO X		d Moore R	oad	21921
インクラク	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	MIDDLE	LAS	,T
W B GG &		William			Workman		Addie			Dilk	s
Pages		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
Page exe		No			216 05 3	3902	Walter S. Mc	ore, 2	65 Ed Moo		
BALI ate aperson t, the		18 CAUSE OF DEATH PART I. DEATH W.	(Enter or	nly one couse pe	r line for (a), (b), an	dicii		0 11			MATE INTERVAL ONSET AND DEATH
و م م م م	10			TE CAUSE (a)	Aute	gast	no - wifes to	IL IT	aerword	age	
he death certification of the death certification of the death certification of the death of the		11 m 11 3		DUE TO, C	R AS A CONSEQUE	NCE OF				3	
RESTON e death ce of optendin mave corb inten, or traumatic		Conditions, if ony,	which	(ıb)_	Pentic	U	lcer.	ASCV	D.		
the chart		gave rise to imm couse (0), stating underlying couse	g the	DUE TO, O	RAS A CONSEQUE	1 1	Arthretis (Advance	ed)		
duires the	N	PART 2. OTHER SIGN	IFICANT (CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION G	IVEN IN PART 11	0
NG PHYSICIAN: The law require ottending physicion. Wher this certificate has been sign as the buriol-tronsit permit. Then the and Mental Hygiene prior to be arked or them 18 shows any injury.	CERTIFICATION	19a DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	IN CER	ES, WERE FINDIN TIFYING CAUSES YES	
of VITAL SICIAN: The ag physicion certificate h riol-tronsit p entol Hygier ltem 18 shov	CER	21a. ACCIDENT WAS UND	h-p-				21c. HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM II	B PART 1 OR PART 2)	
SICIA SICIA Certifi uriol-tr Ventol	AL	OR CONTRIBUTING C		AIN .	.M. MONTH D	AY YEAR					
G PHYSIC offending ter this cert is cert and Mental and	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
DING P or offer the e.e. os the olth and		WHILE NOT WHE	K -			21		,	111	9 7	
TEND frol on or use f Heal		220.1 certify that				0-4	2/ 19		44	. 19	that (I) (we) last
		sow the decease above, (1)()ve) (d	d olive ag	yiew the body	ofter deoth	,		death accurred	on the date and h		
the hosp the hosp L DIRECT Proched for the Dept of		22b. SIGNATURE	The 1	mit He	u	21	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	22c. DATE	SIGNED
HOSPITAL ined by the FUNERAL uld be den the State ORTANT:		22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			22e ADDRESS	DIRECTORE	_ FHISICIAN _	1	
TO HOSPITA retained by TO FUNERA should be de with the Strait IMPORTANT		Dr. Jui	-Chih	Hsu,	M.D.		223 West Mai	n Stre	et, Elkto	n, Md. 2	21921
D 5 5 4 3 8	23a E	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCA			
BP		Burial	K	9/8/8	7 Che	erry F	Hill Methodist		y Hill	Cecil	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	HICKS HOM	e for	Finera	IS ADDRESS	EIK	on, Md. SE	P 1 0	GISTRAR 256. REGI	STRAR'S SIGNAT	that is not a second

a stranger but also at a training (Amountal) similar barbook

065403 SEP 1 197 STATE ector, page 3 тоу ре DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 that the deoth certificate be TO FUNERAL DRECTOR. After this certificate has been signed by the offending physical handle be detected for use as the busing fraction permit. Their plants remove corbon popel with the State Dept. of Health and Mental Hygene prior to busing, cremation, accemool. OR ATTENDING PHYSICIAN, The

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HE CEDTIFICATE OF DEATH

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	••	REGISTRAR			CERTIFIC	AIE OF D	EATH	REG. N	0. 🕷		1
		EASED NAME FIRST	MIDI	DLE	LAST			20 DATE OF DEATH	MONIH	DAY YEAR	2b HOUR
'	TYPE	Zinnia			Morin	i		9-	. 7.	-87	9:27 M
3	SEX		4 RACE		S. DATE OF		25.00	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
		Female	Caucasi	an	March	15	1904	83	YRS	MONING DATS	HOURS MIN.
70		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	HAT COUNTRY?	8.	NEVERA	AARRIED 🗆	9 BALTIMORE CITY	RCOUNTY	Y OF DEATH	
/		taly	U.S.A.		WIDOWED		ORCED	Cecil Co	unty_		MD
		YORTOWN OF DEATH sapeake City	11. NAME OF HO	ACILITY, GIVE STREET		OTHER INST	NOITUTI	12a. USUAL OCCUPAT (1YPE OF WORK FOR MOST O Homemaker			OF BUSINESS OR
	3a. S1	-	NTY 13	k. CITY OR TOW	N 11.	M INSIDE C		13e.STREET ADDRESS			
		yland Ce	cil	Ches. Ci		YES	MAIDEN NAM	15 Buddy B	LV'd	21	915
	I. FAI	FIRST	MIDDLE	LAST	l'		FIRST	WIDDIE		LA	AST .
1		estor		atalie			herine			irghold	
16		AS DECEASED EVER IN U.S. A S, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	057 52 7		nice Sunice		ADDRI 1, 15 Buddy			21915 City,Md
F	T	18 CAUSE OF DEATH (Enter of									XIMATE INTERVAL
		PART L DEATH WAS CAUS	TE CAUSE (a)	Priellin	onic	(-					
	NOI	underlying cause last PART 2 OTHER SIGNIFICANT	(c)	S A CONSEQUE O W CO MAIN TRIBUTING TO C	ic B		TO HE TERM		IDITION GIV	VEN IN PART 1	10
9	CERTIFICATION	9a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSE: ES	
- P	· .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M.	MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJL	RY IN ITEM 18	PART T OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FA		III LOCATIO STREET		CITY OR TO)WN	COUNTY	STATE
		220.1 certify that (1) this has sow the Deceased alive above (1) we) (did/did r					(our) opinion	death occurred on the d	Z ate and hou		
		226. SIGNATURE W n	n Han	1	K			MEDICAL STA	FF CIAN [22c. DATE	8/87
		JUI Chi	2H H	u		22 ADDRES		+ main	27:	GIGE	ser Ma
2	(5	JRIAL, CREMATION, REMOVA PECIFY) remation	9/9/87		A.Ferri			23d LOCATION CITY OR TOWN West Ches	ter, (Chester	STATE Pa.
7/B4 2	4. FU	NERAL DIRECTO	16/10	5. 2 He	ako		25a. DAT	E REC'D. BY REGISTRAF	25b REGIS	TRAR'S SIGNA	ATURE
	п	ick's Home for	Funerals		Elkto	n, Md	· SEE	2 1 0 1987	Gulia	Margar	. Kandass ,

requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbanpapers. Power with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

064918 SEP - 8 87 FOR STATE

director, page 3

death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGUENE CERTIFICATE OF DEATH

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		200		

	REGISTRAR				CERTIF	CAIL OI DEATH	REG. N	0		
	EASED NAME	FIRST		MIDDLE	L	AST	TO DATE OF DEATH	MONTH DAT	Y YEAR	26 HOUR
TYPE	OR PRINT)	bert	(n	ımın)	Mump	ower	September	2, 1987	7	6:45P
3. SEX	(- 4	RACE		5. DATE O		& AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	
	Male		Whi	.te	oct.	16, 1917 ^{AR}	69	YRS.	NIHS] DAYS	HOURS MIN
	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY C	_	FDEATH	
Vi;	rginia		US		WIDOWE	D DIVORCED	Cecil Co	p.fr.		м
Pe	rry Point	1	V.A.	Medical C	obbress) enter	R OTHER INSTITUTION	Material Material		INDUSTRY	or Business of
130. S Ma:	ryland	13 COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOWN FOREST HI	V 1	134. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 2524 Sandy	7 Hook		21050
4. FA	William	M	P.	Mumpower		Ludilia	WE		Moo	dy
{Y	VAS DECEASED EVER (ES. NO OR UNKNOWN) Yes		WAR OR DATES)	166. SOCIAL SECUI 410 28 35		17 INFORMANT Rosemary P. N			dy Ho	
	18 CAUSE OF DEATH	H (Enter only							BETWEEN	XIMATE INTERVAL ONSET AND DEATH
		IMMEDIATE	CAUSE (o)	Cardiopul	monar	yarrest			-	
CERTIFICATION	PART 2 OTHER SIGN 19a. DATE OF OPERAT					NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, \	WERE FINDI	INGS USED
TIFIC							YES NOXX	YES		S OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	Ti I	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TS, PAR	I (OR PART 2)	
MEDICAL	214 INJURY OCCURE			OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
H	22a I certify that (X	(this hospite olive on (XXXX)	ol) ottended the Septemb	ne deceased from	Augus 7	<u>t 21</u> 19 87 d that in XX (our) opinion	to Septeml death occurred on the d			, that (X (we) lose couses stated
	778 SIGNATURE	ne	_		(DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	E SIGNED
	224. PHYSICIAN'S NA		V			22e ADDRESS		41		
	JOHN J. L	ONERG	AN, M.D).		VA Medical C	Center, Peri	y Poin	t, MD	21902
	URIAL, CREMATION,	REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial	S	ept.5,	1987 Bel	LAir I	Memorial Garde	ens, Bel Ai	r Harf	ord	Md.
24 F	HOWALTO R.	McComa	as III	ADDRESS		250 20	P4 1987	20 REGISTRA	AR'S SIGHA	NOC.
Mc	Comas Fune	ral He	ome, Ab	ingdon, M	D. 210	009	1 7 1301	Julia De	arange !	and all

700 000	1	- STATE Item 14 Film REGISTRAR per funer	G631 9-28-87 sperarra al home	CERTIF	EALTH AND MENTAL HYG.	REGNO		, 0	0
193 357 1		EASED NAME FIRST E.OR PRINT) Mgh	Rose	N	ichols	20. DATE OF DEATH	9 12	- 87	26 HOUR 938 AM
	3 SE	Female /	White	S. DATE C.		6 AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	IF UNDER 24 HRS
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? USA	MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY O	FDEATH	MD
of the state of th	E	lkton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCHFACILITY, GIVE STREET / Union Hospital	ADDRESS)	R OTHER INSTITUTION	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST O Harveste	F WORKING LIFE	INDUSTRY	duce_
8	130 M	aryland Harf			13d. Inside City Limits? YES NO X	130 STREET ADDRESS / 1407 Old M	ZIP CODE ountair	n Road	21085
ompleted	2	Joseph	Cerney		Is. MOTHER'S MAIDEN NAM Christins	Hele		Blai	
Ca > 2		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 217-14-2		Mrs. Elizabeti	n Beckman 26	Sun,	se ur	<u>lve kisin</u>
	18	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and ED BY: TE CAUSE (o)	rebr	of hemorr	bage			MATE INTERVALI ONSET AND DEATH
that the death of by the attention of committee cut of committee or values treatment of committee treatment of contract treatment of the contract of the contr	To the second	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c)						
Then pl	NOI	PART 2 OTHER SIGNIFICANT (Rhemohic he	conditions contributing to but disease	PEATH BUT	with peoched		O Rue	IN PART 110	D
A bar be	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OFERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [G CAUSES	
CLAN DE Physic of the Control of the	1000	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)	
of Periods of Periods of Periods hand Medical	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR Al CTOR Al d for use o		saw the deceased alive an abave, (I) (we) (did) (did no	ottol) ottended/the deceased from		d that in (my) (our) apinion d	to 9/	12, 19. ate and hour a	nd from the	
TALOR BALOSS Adductor Mute Dep		Eagar E. Ja	elim			MEDICAL STAF	F IAN []	9/11	2/87
Denies of Pune		EDG-ANL E	FOLK III		Unin Hapita		y Mi), 2	(921
BP					emetery or crematory Memorial Gan	234 LOCATION CITY OR TOWN dens. Bel A	ir Ha	cford	STATE Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director loward K. McComa	as III, Abingdon,		25 DATE	15 1987.	the David	No State	AUL.

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL Y GIENE CERTIFICATE OF DEATH

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1. DE	STATE REGISTRAR CEASED NAME	FIRST	MIDDLY	ERTIFICATE OF DEATH	REG. N	MONT IN HO
	E OR PRINT)	ohert Whi		DATE OF BIRTH MAN 13 1937	6. AGE (IN YEARS LAST BIR	9/9/87 0
	IRTHPLACE (STATE OR FO COUNTRY) Maryland	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8.	MARRIED XX NEVER MARRIED	9 BALTHAORE CITY C	DR COUNTY OF DEATH
21	E/K TO	Unic	CH FACILITY, GIVE STREET ADDRE On Hospital	of Cecil Co.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O BOOKKEEPER	of working life) INDUSTRY MKC Truckin
13a S	Maryland	GHOME OR OTHER INSTITUTION 36 COUNTY Cecil	N. GIVE RESIDENCE BEFORE ADMI 130. CITY OR TOWN North East	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 4 North Ma	/ ZIP CODE Coale Truck in St.
1	Robert	MIDDI E	Nickle, Sr.		R. MIDDLE	McCumming:
	NAS DECEASED EVER IT YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-32-9834			hs Main Street East, Md. 21901 APPROXIMATE IN BETWEEN ONSET AF
	Conditions, if any, gave rise to imme cause (a), stating	which (b)	OR AS A CONSEQUENCE	artery disease	with heart	failure
ICATION	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which diote the DUE TO, CO. FICANT CONDITIONS CO.	OR AS A CONSEQUENCE COCOLOGY OR AS A CONSEQUENCE ONTRIBUTING TO DEATH	artery disease		IDITION GIVEN IN PART TO
CAL CERTIFICATION	Conditions, if any, gove rise to imme couse (a), stating underlying cause PART 2 OTHER SIGNI A cull	Which diote the lost. FICANT CONDITIONS CON 196 CONE RLYING 1 216. TIME CONDITIONS AND ADDRESS OF DEATH	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ONTRIBUTING TO DEATH ONTRIBUTING TO DEATH	E OF E OF TH BUT NOT RELATED TO THE TERM RATION WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20% IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
MEDICAL CERTIFICATION	Conditions, if any, gove rise to imme couse (a), stating underlying cause PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	Which diote the lost. FICANT CONDITIONS CON	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ONTRIBUTING TO DEATH ON	E OF E OF E OF RATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY? YES NO	20% IF YES, WERE FINDINGS US IN CERTIFY ING CAUSES OF DE YES NO
	Conditions, if any, gove rise to imme couse (a), stating underlying cause PART 2 OTHER SIGNI 216. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE WHILE WHILE AT WORK 220.1 certify that	Which diote the lost. FICANT CONDITIONS CON	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ON TRIBUTING TO DEATH OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, E	E OF E OF E OF E OF RATION WAS PERFORMED YEAR 19 211 LOCATION STREET 7 Ond that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO 10 49 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	20% IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO INVERTIFY IN TEM 18. PART 1 OR PART 2) OWN COUNTY 19 1, thought of the couses.
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DHMH - 16 60M 7/8 (VRA 15, 4)

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completely filled in by the funeral director, page 3

STATE OF MARYLAND

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1-	FOR STATE REGISTRAR			HEALTH AND MENTAPHYG	IENE Z	5 5 8	La	
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
(14hF	OR PRINT)	T T	OLSEN	Ĭ.	SEPTEMBER	22, 1987		4:35P
3. SE)		4 RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF UND		IF UNDER 24 H
	Male	White	MONT		7.0	MONTHS	DAYS	HOURS
70 BH	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO		nuary 28,1917	70 9 BALTIMORE CITY C	YRS.	EATH	
	Penna.	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	Cecil Co	_	EATH	
30. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME		120 USUAL OCCUPAT	ON 126	KIND OF	BUSINESS
	ERRY POINT, MD	VA MEDICAL	CENTER		Retire	I WORKING LIFE) ME	chani	Lc
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF		NCE BEFORE ADMISSION) OR TOWN	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS			
			odlawn	YES NO		r Road	2120)7
_	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA		T NOZA	LAST	
/	Michael Olser			Agnes	1000			
	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	IAL SECURITY NO.	17. INFORMANT	ADDRI	33	21784	1
	TES MMI	210	-10-1472	Greg L Olsen	5602 Woodha	venCt Sy	kesvi	ATE INTERVAL
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ESTIVE HE DINSEQUENCE OF LIOSCLEROT	ART FAILURE		DITION GIVEN IN	PART NO	
CERTIFICATION	19a DATE OF OPERATION			N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	E FINDING	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Υ	211 LOCATION STREET	CITY OR TO	OWN CO	YTAUC	STATE
	220.1 certify that POX his hasp saw the deceased olive or abave, \$1 (we) (did) (did)	SEPTEMBER 2	2 19 87 0	nd that in (कुरू) (aur) apinion	, to <u>SEPTEMB</u> deoth occurred on the d	ate and hour and	from the co	ouses stoted
	226 PHYSICIAN'S NAME (TYPE	Herry	dey/	ATTENDING PHYSICIAN [MEDICAL STA	FF	2c. DATE S	IGNED
	AVELINA HERNA		0	VA MEDICAL C		Y POINT,	MD.	
23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE Sept 28'87		CEMETERY OR CREMATORY Lew Cem		rroll °M	20 0	and STATE
	INERALDIRECTOR Try H Witzke 4:	112 Old Colu	nbia Pike	Ellicott SEP	28 987 CRAB	25 RESILEMENT	and parts	RE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the otherdir should be detached for use as the burial-transit permit. Then please remave cort with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or

retained by the hospital or attending physicion.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

624	SEP 2	18	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	6 3	8 3	
			CEASED NAME	FIRST		WIDDLE	Į.	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
by be		(110	Mich	ael		Ι.	Onif	er Sr.	Septemb	er 20	19877	7:55Pm
a od		3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY		IF UNDER 24 HRS
ge 4			Male		White		August 31,1901		86	YRS.	MONTHS DAYS	HOURS MIN.
2 1/2	131	7a. B	RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF WHAT COUNTRY?		8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
# 1 / ST	150	P	a.		U.S.A	A .	WIDOWE	V	Cecil C	ounty	7	MD.
1	Leg 1		ity or town of dea lkton	TH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION OF THE COLOR OF THE COL		126 KIND OF MAChi	BUSINESS OR
24 hours	and its	vsu Va	AL RESIDENCE (IF NURSII	NG HOME OR	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	ania Av	e Elkt
ed within		14. F/	George		MDDIE	Onifer		Anna REST		-	Huruska	
the second	e medical	160 V	VAS DECEASED EVER I	IN U.S. ARI	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		Michael J.	Onifer E	90	309 Pa.	Md.
requires that the death currical in signed by the attending that Then please remove carbon parts	r ta bural, crematian, or remore injury, or other troumatic event,	ION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which sediote the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	OT RELATED TO THE TERM	Inllut	ALL DITION GIV	EN IN PART 110	ATÉ INTÉRVAI ISSELAND DEATH
the law room. that has been it permit.	iene prio	CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES O S	
CIAN: 1 3 physic ertificate	em 18 sh	_	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC.	AUSE OF DE A	TH HOUR A.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
attending ter this o	rked or It	MEDICAL	21d. INJURY OCCURRI	ED	21e PLACE			211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
spital or CTOR: Af	of Health		22a. I certify that (1) (sow the decease above (1) (we (di	d alive on.	1/2	0 108	7 on	d that in my (our) opinion of	. 10	ote and hou	19_8, the	o (I) we) lost
y the ho	VI. If Hen		22b. SIGNATURE	m	[8]	un:		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		9/22	GNED 7
toined by O FUNE	with the State		228 PHYSICIAN SNA	1	G L	AITZI		ELATOR,	KID XIED	PINK		
BP	s <u><</u> '	23a 6	BURIAL, CREMATION, R	REMOVAL	Self.	23/87 C	ALUAI	Lemetery	HAZLETAN	1 80	COUNTY	Po, STATE
DHMH - 16 6 (VRA 15			INERAL DIRECTOR	N 4	lally	S STORESS	,5+	FILLS SEP 2	3 1987 EGISTRAR	25h Jegist	RAR'S GO TH	57

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE CERTIFICATE OF DEATH

SIRAR 256 REGISTRAR'S SIGNATURE

066197 SEP 18 8 GISTRAR I. DECEASED NAME MIDDLE 2a DATE OF DEATH TE HOUR (TYPE OR PRINT) ildren ICRCE & AGE TIN YEARS LAST BIRTHDAY FUNDER 24 NO Female May 26 0 1911 White 76 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Caroline Co.Md. DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Home Maker INDUSTRY Union Hospital at home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY: 1 35 Vermont Avenue 21919 13d. INSIDE CITY LIMITS? Md. NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Thomas Fluharty Addie Cleecum ADDRESS Barleville, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR MYKODWN) (IF YES, GIVE WAR OR DATES) 221-24-9284 Ernest Pierce 30 Moss Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)_ gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE STREET AT WORK 22a.1 certify that (1) (thus harpened) ottended the deceased from 1/6-14 saw the deceased alive an 16 Sent , and that in (my) (opinian death accurred on the date and hour and from the causes stated abave, (1) (wa) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Cathedral Cem. Buria Wi TIMOR TOWN New Castle.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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0.6	5911	cto	19 07		D			ARYLAND AND MENTAL	HYGIENE	0		
	0011	211	REGISTRAR			ICAL EXAM			OF DEATH	REG. NO.	2 3	
			ECEASED NAM	FIRST		WIDDIE		LAST	20. DATE		H DAY YEAR	Zb HOUR
	2 8 8 8 F.	(1	(PE OR PRINT)	JOHN		J.	S	chnare	OF DEATH	ESTI-	12 19 8	37 M
	PEA OF TREE	3. St	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UN	DER TYR. IF UNDE	R 24 HRS. 2c. DA1	E MONTH		R 2d HOUR
	DIRE OUR 72 H		Male	White	7 3	59 28	YRS.	HS DAYS HOURS	MIN PRONOL DE A		12 19 8	1:05
	ESSEY, PLEASE THAT DIRECTOR. THE 72 HOURS THE 72 HOURS	7n.	OREIGN COUNTRY)	TATE OR	76 CITIZEN OF WH	AT COUNTRY?	I. MARR	IED NEVER MAR	RIED 9. BALTI	MORE CITY OR COU	NTY OF DEATH	
	ひせんらばん	400	anada		Canada		WIDOW		CED C	ecil Count	У.	MD
7	DELAY 6 NE TO THE YOU BE FILED.	3	CITY OR TOWN		C&D Canal	at Schae	fer's	Canal Hou	FOR MOST OF WI	UPATION (TYPE OF WORDERING LIFE) Sailor	OR INDUS	BUSINESS
21201	ANN AND 3		AL RESIDENCE STATE NS	(IF IN NURSING HOME COUNTY)	OR OTHER INSTITUTION, GIVE NTY OETS	T3c. CITY OR TOWN Chester	٧	13d INSIDE CITY LIMITS?	13e STREET ADD		9999 BOJ130	99
1	- NO.84		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE	LAST	
THE .	ASSES OF	21	Berly					Nanc	y Mc Fadd	en		
1	8 4 5 5 NO	160	WAS DECEASE YES, NO, OR UNKNO	DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	201	ADDRESS		
-	ME GIVE PAGE MITH FORM PAGES DIVISION OF		No			116-41-	3659	Davis Fu	neral Hom	e - Cheste	r, NS.	
H	E, DI	3 6	TA CAUSE C	F DEATH (Enter of	nly ane cause per line f	ar (a), (b), and (c).)	7119				BETWEEN ON	SET AND DEATH
NO	MAL.	7	910		TE CAUSE (a)	Drownin						
REST	A A A A A A A A A A A A A A A A A A A		Canditia	ans, if any, which		AS A CONSEQUENC	LE OF				h left 7	
× .	WIE AND CONTRACT A	13	gave ri	se to immediate stating the under	e / (b)	S A CONSEQUENC	E OF					
201	NAEL-NAE		lying cau		302,0,000	(3 A CONSEQUENC	01					
DS.	KECL IG" BUR BUR AND ATIO	-11	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	JT NOT RELATED TO THE T	ERMINAL DISEAS	E DR CONDITION GIVEN IN I	PART 1 in			
S	SA KEM	NO	100									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	PEP A HEA	CERTIFICATION	190 DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OF	PERATION W	'AS PERFORMED?			20 AUTOPS	Y?
AT/	SHO SHOW	/ ¥	VIII (SALE)								YES 🖳	NO 🗆
OF.	ATE WEN YEN		210 EXTERNA	AL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YE	21c. H	OW INJURY OCCURE	ED LENTER NATURE OF	NJURY IN ITEM 18 PART 1 OR	PART 2)	
N O	ART OF THE STATE O	MEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH 1:20 MAN	9-12- 19	87 Su	bject dro	wned.			
IVIS	OED SEL	S S	21d INJURY C		21e PLACE O STREET, FACTO	F INJURY (AT HOME DRY, FARM, ETC.)		CATION	CITY OR T	OWN	OUNTY	STATE
Ω	WR WAR	5	AT WORK	NOT WHILE (W	ater	C&D	Canal at			Cecil	MD
	ATE. PORV		22a I certi	fy that tack char	ge of the remains desig	bed obove, held a	Autop	sy X, Inspect	an , HOUS	DOC!	apınian	
	MIN BELLEVILLE	1	death result	ed ram: Natu	ural causes	Accident X	Suride _	emicide	Undetermined r	nanner .		
	WAR WAR		ACTUAL /	100000		80.5%	nen	THIL SPECIFY)		DAT		
	SHE SHE		SIGNATURE.	ull	COLX	- my	Juna.	6 Assista	nt_MEDICAL EXA	MINER SIG	NED 9-13-	87
	WED COTE SIND SIND SIND SIND SIND SIND SIND SIND	1	EXAMINER'S (TYPE OR PRI	NAME De	nnis F. Sm	vth, M.D.			Penn St.,	Balto. M	D 21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PROFES 4 SHOULD BE FORWARDED TO THE CHIEF MEDICALE EXAMINER ALCONG WE CANNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-RANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23a.	BURIAL, CREMA	TION, REMOVAL		23c NAME OF			73d. LOCATION			
07/84	BP		Burial		9-16-87				CITY OR TOWN			STATE
25M	DHMH - 17		FUNERAL DIREC			4 1073 1	TEN CEM	25a. DATI	REC'D. BY REGISTR	er NS AR 75b. REGISTRAR'S	SIGNATURE	
	(VR A15 ME (S))	6	ary L.K	aufman 5	oys mainres	t. Elkrid	ge, Mo	" GED	1 6 1987	Julia Deri	der. Renda	U6

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page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

REG. NO.		
20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Sept. 21, 1	987	20:15
ACE INVESTOR LICE DIDILIDANI	DE LINE ORDER LA STA	of tiping p p

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2	D R	7 REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).			
		CEASED NAME FIRST	MIDDLE	Ł	AST			DAY YEAR	26 HOUR	
		Zella F.	. Smith			Sept. 21	, 19	987	20:15m	
	3. SE	X 4	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	1	Female	White	Jui	he 21, 1899	88	YRS.	MONTHS DAYS	HOURS MIN.	
pur			CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH		
5		Pa.	U.S.A.	WIDOWE		Cecil			MD	
1	10 CI	Elkton	1. NAME OF HOSPITAL (IF NOTIN SUCH FACILITY UNION 1	L, NURSING HOME C GVE STREET ADORESS) HOSPITAI	OR OTHER INSTITUTION	ON WORKING LIF	12b. KIND O INDUSTRY Ed 1	F BUSINESS OR acation		
1		AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDE		13d INSIDE CITY LIMITS?	STREET ADDRESS 4	ZIP SODE	2190	01	
Ā	14 FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA					
2		Ellswor	th Larish	LAST	fins Ida	Fiester		LAST		
/		NAS DECEASED EVER IN U.S. ARM YES, NO UNKNOWN) (IF YES, GIVE			William			ckson ville,		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Condia.	amest			APPROXI BETWEEN (MATE INTENTAL	
		Conditions, if any, which	DUE TO, OR AS A CO	ONSEQUENCE OF	myocard 3 AD, Dia	ial disea	se			
		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A C	ONSEQUENCE OF	3 AD, Dia	beterna	leter	8.		
	NOI	PART 2 OTHER SIGNIFICANT CO	Malitions CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIV	EN IN PART 110	3 •	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES		
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MO P.M.	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB P	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		21f LOCATION STREET	CITY OR TOW	M	COUNTY	STATE	
		220.1 certify that (I) (this haspital saw the deceased alive on			d that in (my) (our) opinion				that (I) (we) last	

saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. 226. SIGNATURE

DEGREE MB

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

MADHU SACHDEV, M.D.

N. Main St., North East, Md.

230 BURIAL, CREMATION, REMOVAL [SPECBuria]

FOR STATE

23c NAME OF CEMETERY OR CREMATORY 73h DATE Arlington Cem.

23d LOCATION CITY OR TOWN Drexel Hill Deleva

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT.

North East, Md.

Delawane

SEP 28

L		FOR
R	R7	STATE
۲	0,	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE CERTIFICATE OF DEATH

2	6	5	ਠ	
	. 4			

		REGISTRAR				REG. NO.	-2	
		CEASED NAME FIRST	MIDDLE		AS1	20 DATE OF DEATH MONTH DA		26 HOUR
may be page 3 er death	(TYPE	ORPRINI) Mary	٧.	St	ripling	Sept. 15, 198	37	3:30 A.M
	3. SE	(4. RACE	5. DATE C			UNDER TYEAR	IF UNDER 24 HRS
s of	0.1	Female	White	Marc	h 9°, 18'90	97 YRS		HOURS MIN.
5 52/60	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	OF DEATH	
1/10		Torida	U.S.A.	WIDOWE	DIVORCED [Cecil County		MD.
11100	10 CI	Elkton	#28 Leo Rd.		r other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired	126. KIND O INDUSTRY Beau	tician
filling in	130 S	TATE 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE 134 CITY OR TOW LIKTON	admission) N	136. INSIDE CITY EIMITS?	13. STREET ADDRESS / ZIP CODE 28 Leo Rd. 2	1921	
		ther's name enry	Lowe Last		Ann ie		Tooke	
Popular Pedito	N N	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 262-43-		Mary Jean	Ratcliff 28 Le	o Rd.	Elktor
physicia physicia npapers maval. vent, the		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY: E CAUSE (a) Conges	tive	Heart Fa.	lure, A SCND	APPROXU BETWEEN C	MATE INTERVAL DNSET AND DEATH
hat the death cer by the attending ass temove carbo al, cemption at fe other thoumatice		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	D				
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CIAN T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE

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~/		1 DEC	EASED NAME	FIRST		MIDDLE		LAST	REG. N	MONTH DAY	YEAR	2b HOUR
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IAN phys	1 2		OR CONTRIBUTING CA		11		DAY YEA	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
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P TEP	211		saw the deceased above, (1) (we) (die				0 -	and that in (my) (aur) apinio	n death occurred an the o	lote and hour a	nd fram the	causes stated
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 700	NDING PHYSICIAN: The law requires that the deorh certificate be executed within 24 hours with the law requires that the deorh certificate be executed within 24 hours with the law requires that the deorh certificate be executed within 24 hours within 24 hours within 25 h	R. After this certificate has been signed by the art inding in the non and completely filled in by this function page use as the burial-stransit permit. Then please remove certifications from Shorid by the made in the many individual stransit permit.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOSEIENE CERTIFICATE OF DEATH

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- STATE REGISTRAR REG. NO. -PER ASED NAME 20 DATE OF DEATH 2h HOUR 1987 2:08 P.M. SEPTEMBER CURTTS MAT.T.TAM WALKER 3. SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR WHITE JUNE 30, 1903 MALE BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYTAND CECIL U.S.A. WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS' TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY DIV. B.N.T.C. 190m ROCK RUN ROAD SUP. USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 136 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE PORT DEPOSIT CECTL MARYLAND ROCK RUN ROAD 190 4 FATHER'S NAME CRÉSWELL WILLIAM H WALKER LILLIAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT MD. JANET R. ABRAHAMS, 170 ROCK RUN RD., PORT DEPOSIT. 220-44-8839 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MEDICAL

in (my) (our) opinion death occurred on the date and hour and from the causes stated

SEPT. 14. 1987

22c DATE SIGNED

YSICIAN'S NAME (TYPE OF JOHN D YUN

319S UNION AVE., HAVRE DE GRACE, MARYLAND. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

230 BURIAL, CREMATION, REMOVAL BURIAL

SEPT.16,1987 HOPEWELL CEMETERY

PORT DEPOSIT, CECIL CO., MARYLAND

PATTERSON & SON, PERRYVILLE, MARYLAND

23b. DATE

SEP 1 5 1987 Julia Deriden Ren

DHMH - 16 60M 7/84 (VRA 15, 4)

D FUNERAL DIRE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 2.4 flour offer Plage 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending protection and period in by the fund in by the fund should be detached for use as the businl-transit permit. Then please remove cortion approved the fund of the filled within 72 hours after deawith the State Dept. of Health and Mental Hygiene prior to businl, cremation, or with the State Dept. of Health and Mental Hygiene prior to businl, cremation, or with the State Dept. of Health and Mental Hygiene prior to businly cremation, or with the State Dept. of Health and Mental Hygiene prior to businly cremation, or with the State Dept. of Health and Mental Hygiene prior to businly cremation.	MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic ment in a ment of communication and the
	TO HOSPIT	TO FUNER, should be d	IMPORTAN

DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL BY GIENE
CERTIFICATE OF DEATH

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		EASED NAME	FIRST	٨	MIDDLE	t.	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
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		Female		White		1 MONTH	12 19 31	56	YRS.	MONTHS	DAYS	HOURS	AIN.
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	C	N.C.	16-	USA	A	MARRIE		Cec	i1				MD.
4	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPA	TION			BUSINESS	
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Z	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			LAST		
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-		PART I. DEATH W	AS CAUSE	Ď BY:	ASA	iret	ion Preum	nnia		-	24	0-0	
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	RT	21g. ACCIDENT WAS UNE	7 6 6	7 216. TIME O	E INTUINE	94	21c HOW INJURY OCCURE	YES NO		ES	APS 21	NO []	_
1		OR CONTRIBUTING	- to-	LIGHT 4	M. MONTH D	AY YEAR	216. NOW HAJORI OCCORP	LED (ENIER NATURE OF IN	JURTINIEMIE	PARTIORP	ART 21		
	CA	(IF EITHER NOTIFY MEDI			M	19							
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	2	AT WORK NOT WE	RK										T.
		22a.1 certify that (1)	(this hasp	ital) attended th	e deceased from_		9/11/19 8	7. to	9/26	/		that (1) (we)	
		sow the decease above, (1) (we) (c	ed alive an	t) view the body	9/ U 19	87,00	nd that in (my) (aur) apinion	death accurred an the	date and ha	ur and fr	am the c	auses stated	d
	- 1	226 SIGNATURE	aid) (did iic	of l	Offer deoffi.		DEGREE	//				SIGNED	
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7		27d. PHYSICIAN'S NA	AME ITYPE	OR PRINT)	77		22e. ADDRESS	DAKECTOK 2 TITLE	CIAIT D	_/	11,	-/ 4	
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funeral director, page 3 thin 72 hours after death

ury, or other troumotic event, the medical exam hen please remove carbon papers. Pages a burial, cremotian, ar removal. ned by the attending physician

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES TERTIFICATE OF DEATH

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- 4	EASED NAME	FIRST	MIDDLE		LAST	REG. N	MONTH DAY	YEAR	2b HOUR
	OR PRINT)			7.0		Septembe			8:30am
3. SEX		ENOCH	CHARI		SI.EY OF BIRTH	6. AGE (IN YEARS LAST BH		DER I YEAR	IF UNDER 24 HRS
Ma	ale		Black	Jan		70	YRS	TS DAYS	HOURS MIN.
7a. BIR	THPLACE (STATE OF	R FOREIGN 1	b. CITIZEN OF WHAT	COUNTRY? 8.		9. BALTIMORE CITY C		DEATH	
	aryland		U.S.A.	MARR	NEVER MARRIED DIVORCED	Cecil Co	ounty		MD.
1000	ry Point,		(IF NOT IN SUCH FACILIT	AL, NURSING HOME TY, GIVE STREET ADDRESS) Cal Center	OR OTHER INSTITUTION	120 USUAL OCCUPAT HYPE OF WORK FOR MOST C		Auto	F BUSINESS OR
13a. S1		13b, COUN CECI		TY OR TOWN KTON	134. INSIDE CITY LIMITS?	130 STREET ODDRESS	lburn S	t.×	1921
	rher's NAME erbert V	lesleÿ	Sr.	LAST	Mary Martin	Wesl'Ey		Unk	nown
160. W	AS DECEASED EVE ES, NO OR UNKNOWN) CS		WAR OR DATEST	7-16-7923	Mary Wesl	ey 48 Wil		Elk	ton, Mo
	PART I. DEATH	WAS CAUSED IMMEDIATE y, which	CAUSE (o) Car		nary arrest			BETWEEN	MATE INTERVAL INSET AND DEATH
20		encepha	onditions contributions are	nd Osteomy	UT NOT RELATED TO THE TERM elitis, left h ON WAS PERFORMED		DITION GIVEN IN 20b. IF YES, WE IN CERTIFYING YES	RE FINDIN	IGS USED
	21a. ACCIDENT WAS UP	CAUSE OF DEAT	216. TIME OF INJU HOUR A.M. M			77		ORPART 2)	
9	21d. INJURY OCCU	RRED	21e PLACE OF INJ		211 LOCATION STREET	CITY OR TO)wn (COUNTY	STATE
			al) ottended the dece		11 , 19 87 and that in (my) (aur) opinion				
	77% SIGNATORE	Knei	ga-		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE	SIGNED
	JOHN		AN, M.D.	5	VA Medical	Center, Per	rv Point	, Md	
		HOLIMACO				,	-,		

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DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIA retained by the haspital or attending TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and

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	1.	FOR FILMGE STATE REGISTRAR	319/1	.8/87ja	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE 2	6	9 .	>	
SEP 1	8 0	EASED NAME	FIRST		MIDDLE	L	AST	2			DAY YEAR	26 HOUR	
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	3. SE	x		RACE		5. DATE C		6.	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE AR		
1	1	MALE			ITE	JUI	Y 29, 193	32	55	YRS		7.00.5	
12		RTHPLACE (STATE OR FO	DREIGN /		WHAT COUNTRY	? 8. MARRIE	NEVER MARRI	IED -	BALTIMORE CITY O	R COUNTY	OF DEATH		
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23	Per	ry Point,	Md.	VA 1	Medical (enter center	OR OTHER INSTITUTI	ION II	20 USUAL OCCUPATION OF WORK FOR MOST OF TRUCK DE	F WORKING LIF	126. KIND C INDUSTRY	OF BUSINESS OF	
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In	JA-F	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAI	IDEN NAME			LA	1.0	
1	6	JOHN		R.	WII	SON		ROLYN				NYE	
97	160 \	VAS DECEASED EVER	(IF YES GIVE	WAR OR DATEST			17 INFORMANT		ADDRE	SS			
0		YES NO OR UNKNOWN)	KO	REAN	186-24-	9772	V.A.M.C.F	RECORD	S, PERRY	POINT			
-		18 CAUSE OF DEATH PART 1 DEATH W.	1 (Enter only	y one cause pe	er line for (a), (b), a	and (c), I	14 4 4 4 4				BETWEEN	ONSET AND DEATH	
			IMMEDIATE CAUSE (a) Acute heart failure										
njury, or oth	NO	PART 2 OTHER SIGN		FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							'EN IN PART 1	0	
7	CERTIFICATION	190 DATE OF OPERAT	TION 196 CONDITION FO		DITION FOR WHIC	FOR WHICH OPERATION WAS PERFORMED		D	IN CERTIFYING		YING CAUSES	VERE FINDINGS USED NG CAUSES OF DEATH?	
8	ERT	21a. ACCIDENT WAS UND	ERLYING	21h TIME	OF INJURY		121c HOW INJURY	OCCURRE	YES NO D		S D PART 21	NO []	
U	10.00	OR CONTRIBUTING	AUSE OF DEAT	TH HOUR A	A.M. MONTH	DAY YEAR		2000000					
6	MEDICAL	21d INJURY OCCURR		21e PLACE	P.M. E OF INJURY	19	211 LOCATION		CITY OF TO	NA/NI	COUNTY	STATE	
Ked	×	WHILE NOT WH	ILE	(AT HOME S	TREET FACTORY, OFFICE	FARM ETC }	STREET		ENT OR IC	44.14	COUNTY	STATE	
DE .		220 certify that X	this haffair	of) attended t	the decrosed from	Septe	mber 4 , 19	86	. to Septemb	er 8	19_87	KHXXXXX	
21		Disease III (Will) of	otation of	gaffw the bod	v offer deals	YYYY, o	nd that in (my) (our)	opinion de	ath accurred on the d	ate and hav	or and from the	causes stated	
1		ZN SKINATURE	115				DEGREE	NDING	MEDICAL STA	E E	22c DATE	SIGNED	
5-4		Mu 1	110	nun	4		PHYS	ICIAN [MEDICAL STA	IAN 🖈	9	9-9-87	
7 /		THE PHYSICIAN'S NA			/		22e ADDRESS						
W G		JOHN B.							Center, Pe	rry P	oint. M	Id.	
7	73a.	RIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	STATE	
#	24 5	DUKLAL DESTON		SEPT.	12,1987	HOLY C	ROSS CEME		SWATARA REC'D. BY REGISTRAR		PHIN CO		
7/84	€-B	alley Pune	Carrie	me, Ha	resburg	, PA.		SEP	1 8 1987		action -		
40	14	E A. PATTE	RSON	& 50N,	PERRYVII	IE, MA	RYLAND		- 0 10011/				

The second control of the second seco

24 FUNERAL DIRECTOR

Charles 7eiler & Son.Inc., Baltimore, ME

DHMH - 16 50M 1/81 (VRA 15, 4) . . .

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DHMH - 16 60M (VRA 15, 4)

65569 SEP

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

- 110.8

REG	ISTRAR				CERTIII			REG. NO				
DECE ASE		FIRST	,	MIDDLE	Į,	AST	20 DATE OF	DEATH A	MONTH	DAY YEA	R 2	HOUR
The Control		garet		R.	Y	oung			4-	10-8	7	72/5
2 5EX	-		RACE		5 DATE O		6. AGE (IN YE	ARS LAST BIRTH	HDAY	IF UNDER 11	EAR II	UNDER 24 H
	i.		0		MONTH	DAY YEAR	6.5			MONTHS. B	AYS F	OURS M
	ACE (STATE OR FO	DEIGN 75	Caucas	WHAT COUNTRY?	May	3 1922	9 BALTIMOR	E CITY OF	YRS.	TY OF DEAT	H	
COUNTR	541	70				NEVER MARRIED				I O DEAL		
	sylvania	£ 11	U.S		WIDOWE			l Cou				
IB. CITY OR	TOWN OF DEAT	IH III		HOSPITAL, NURSING		ROTHER INSTITUTION	12a USUAL O					BUSINESS
Elk						cil County	Homem	aker				
USUAL RES		NG NOME OF OT		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET A	DDPESS /	710 (01	ne C	KK	ICK
	ylvania	Ches		Kennett S			554 R			/	61	9348
TE FATHER	'S NAME					15 MOTHER'S MAIDEN N.		CHAI	4 10	20		2340
	FIRST	AA IC	DOLE	LAST		FIRST		WIDDLE			LAST	
	eorge ECEASED EVER II	NIIS ADAAS	D FORCES?	Regeste		Edith 17. INFORMANT		ADDRES	SS	1	ear	
	OR UNKNOWN)	(IF YES, GIVE W				II. HALOKWAIAI		ADDIC.				
Y	es	WWI	I	176 20 6	759	Richard L. Y	oung, 55	4 Ric	hard			
18 C	AUSE OF DEATH	Enter anly	ane cause per	line far (a), (b), and	dici			-		BETW	POXIMA	TE INTERVA
	ART I. DEATH WA	IMMEDIATE		alle	nes &	could Frut	ver'or	11				
	PATE OF OPERATI					NOT RELATED TO THE TER	MINAL DISEASE			ES, WERE FI		S USED
19a D 21a.	SATE OF OPERATI	ION	198. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		NO [IN CERT	IFYING CAL	ISES OF	DEATH?
	ACCIDENT WAS UNDE		216. TIME O			21c. HOW INJURY OCCU	RRED (ENTERNAT	JRE OF INJURY	IN ITEM 18	PART T OR PAR	(2)	
ORC	ONTRIBUTING C		HOUR A.	M. MONTH DA	Y YEAR							
26 8	INJURY OCCURR		21e PLACE		17	211 LOCATION						-
The second second	HI NOT WHI		(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OF TOW	VN	COUNT	1	STAT
A3 440		lE										
	AT WOR				91	6	7	1	_	20.7		
	certify the	this haspital			9/	8 19 19	7	7/1	0	. 19.0	, the	- We
	certify that (1) saw the deceased abave (we) (di	this haspital				d that i (m) (aur) apiniar	7 , ta	an the dat	O te and ho			
	certify the	this haspital				DEGREE					the car	
	certify that (1) saw the deceased abave (we) (di	this haspital						STAF	F _			
22b. S	certify that (1) saw the deceased abave (we) (di	this haspital d alive on a did alive on the did not th	view the bady	after death.	A.	DEGREE ATTENDING	MEDICAL DIRECTOR [STAFF PHYSICI	F IAN 🗌	224 D	AJE SK	87
22b. S	certify the (1) saw the decease above (we) (di	this haspital d alive on a did alive on the did not th	view the bady	after death.	A.	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL DIRECTOR [STAFF PHYSICI	F IAN 🗌	224 D		87
22b. S	certify that I was the decease with the	this haspital did alive and did alive and did alive and did not the did not th	House the bady House RINT) H	ofter death. 19 L	۸.	DEGREE ATTENDING PHYSICIAN 1216 ADDRESS 21-3 We	MEDICAL DIRECTOR [STAFF PHYSICI	F IAN 🗌	224 D	AJE SK	87
22d. F 22d. F 22d. F 23a BURIAI (SPECIF)	certify the deceases on the decease of twel (d) SIGNATURE PHYSICIAN'S NAI TU L, CREMATION, R	this haspital did alive and did alive and did alive and did not the did not th	Source the bady Source RINT) H 23h DATE	ofter death. 19 July 1	D.	TO ATTENDING PHYSICIAN PARTIES ADDRESS WE COME TO CREMATORY	MEDICAL DIRECTOR [STAFF PHYSICI	an D	220 D	AJE SK	87 187
226. S 226. S 226. B 230 BURIAI (SPECIFI B1	certify the decease observed (we) (d) signature of the control of	this haspital did alive and did alive and did alive and did not the did not th	House the bady House RINT) H	ofter death. 19 July 1	D.	TO ATTENDING PHYSICIAN PHY	MEDICAL DIRECTOR [STAFF PHYSICI	uare	9 P	AJE SK	87
226. S 226. S 226. B 230 BURIAI (SPECIF)	certify the LIP sow the decease dobave (I) (we) (di SIGNATURE PHYSICIAN'S NAI L, CREMATION, R U U 10 11 11 11 11 11 11 11	this haspital did alive and did alive and did alive and did not the did not th	ASUM BOWN BOWN BOWN BOWN BOWN BOWN BOWN BOWN	ofter death. 19 10 10 10 10 10 10 10 10 10	D. Hil	TO ATTENDING PHYSICIAN PHY	MEDICAL DIRECTOR [STAFF PHYSICI	uare	9 P	AJE SK	TOIL STALE

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The Tribert Parish

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